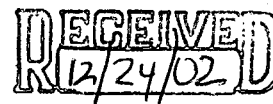


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December 20, 2002

**VIA OVERNIGHT MAIL**

Mr. Seth Ausubel  
Remedial Project Manager  
United States Environmental Protection Agency  
Region II  
Emergency and Remedial Response Division  
290 Broadway, 19<sup>th</sup> Floor  
New York, New York 10007-1866

**RE: Response to §104(e) Inquiry, Berry's Creek Study Area  
The New York Times Company Former Carlstadt Site ("Property")**

Dear Mr. Ausubel:

We represent the New York Times Company ("Times") with regard to the above-referenced USEPA inquiry concerning operations at the Times' former printing plant in Carlstadt. (The Times sold the property in 1997). We are enclosing the Times' response to the questionnaire which, we submit, demonstrates that the Times is not a PRP and should be dismissed from any further proceedings.

We highlight the following for your consideration:

1. **COMPREHENSIVE ISRA INVESTIGATION OF THE SITE**

The Times operated a printing plant at the Carlstadt Plant from 1976-93. As a result of a business decision to transfer its printing operations to Edison, New Jersey, the Times was required (commencing in 1993) to conduct a comprehensive ISRA investigation/remediation of all "areas of concern" on the property identified by the NJDEP. That ISRA investigation/remediation is summarized in Appendices H-I of the documents compiled by Arcadis/G&M, Inc., the Times' environmental consultant. Wastes generated from the Times' operations were properly accounted for; manifests, generator reports, and "Right-to-Know" forms are included in Arcadis' Appendices D-F.

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2. **NO CONTAMINATION HAS MIGRATED OFF-SITE INTO THE BERRY'S CREEK STUDY AREA**

Two underground tanks (storing diesel/gas fuel) at which leakage had been identified by the Times in 1988 prior to the ISRA proceedings, have been removed; The Times has proven to the NJDEP's satisfaction (using well monitoring) that the groundwater contamination has been effectively contained on site by a pump-and-treat program. This treatment system has progressed in reducing both the concentration and size of the on-site groundwater plume. Appendix I of the Arcadis submission includes site maps summarizing the pertinent groundwater monitoring results.

3. **OPERATING EQUIPMENT DECOMMISSIONED**

All other equipment associated with printing and truck maintenance was cleaned and decommissioned prior to the sale of the Property in 1997. Industrial wastes were discharged to the sanitary sewer of a publicly owned treatment works (Carlstadt, Bergen County Utilities Authority). These areas of decommissioned equipment are identified on the Figure 2 site map included in Appendix I of the Arcadis submission.

4. **STORM SEWER TESTED**

Sediment in the storm sewer was tested (for a broad spectrum of chemical parameters) upgradient and downgradient of the Times' operations on the site. De minimus amounts of sediment contamination, located both upgradient and downgradient of on-site operations, were shown to have resulted from regional stormwater runoff (e.g., from adjoining properties, etc.), and the NJDEP did not require removal of the sediment because there were "no adverse affects on the receiving water, an unnamed tributary to Peach Island Creek". For this reason, these contaminants were not considered to be "releases" to the Berry's Creek Study Area. (See Figure 2 of Appendix I, Appendix J of the Arcadis submission).

We trust that this submission responds to your inquiry and confirms that the Times is not responsible for pollution to the Berry's Creek Study Area.

Very truly yours,

WATERS, MCPHERSON, MCNEILL, P.C.

By: 

Steven R. Gray

SRG:pa  
Enclosures

cc: Clay Monroe, Asst. Regional Counsel

12/18/02

**ANSWERS AND OBJECTIONS TO THE EPA'S CERCLA 104(e)  
INFORMATION REQUEST REGARDING THE FORMER NEW YORK  
TIMES CARLSTADT, NEW JERSEY SITE**

The Answers and Objections set forth below are based upon information presently within the possession of The New York Times. The New York Times expressly reserves the right to amend or supplement its answers and objections to the extent additional information is discovered.

In responding to EPA's Information Request, The New York Times does not waive any objections it may have regarding the use of such responses, including, but not limited to, all privilege, relevancy, materiality and admissibility objections. The New York Times objects to this Information Request to the extent that it seeks disclosure of information or identification of documents that may be subject to the attorney/client or the attorney work product privileges (including, but not limited to, information or documents prepared in anticipation of litigation, by its attorneys or other representatives and information or documents which would tend to disclose the mental impressions, conclusions, opinions or legal theories of The New York Times's attorneys or other representatives concerning any matters) or any other applicable privileges or protections.

The New York Times objects to EPA's definitional section to the extent that individual definitions (including, but not limited to, the definition of "the Company" and "your Company") suggest that predecessor or related entities may be liable for contamination to the Berry's Creek Study Area as "successors or predecessors-in-interest" under applicable law.

The New York Times incorporates by reference all of the aforementioned objections into each of its answers below. Subject to the foregoing objections, and without waiver thereof, The New York Times offers the following responses to EPA's 104(e) Request for Information:

1. a. State the correct legal name and mailing address of your Company.

**Response:** The New York Times Company  
229 West 43<sup>rd</sup> Street  
New York, NY 10036-3959

- 
- b. Identify the legal status of your Company (corporation, partnership, sole proprietorship, specify if other) and the state in which your Company was organized or formed.

**Response:** The New York Times Company is a New York corporation formed in 1896.

- 
- 
- c. State the name(s) and address(es) of the President, Chairman of the Board, and the Chief Executive Officer of your Company.

**Response:** President and Chief Executive Officer: Russell T. Lewis  
Chairman of the Board: Arthur Sulzberger  
229 West 43<sup>rd</sup> Street, New York, New York 10036-3959

- d. If your Company is a subsidiary or affiliate of another corporation, or has subsidiaries, identify each such entity and its relationship to your Company, and state the name(s) and address(es) of each such entity's President, Chairman of the Board, and Chief Executive Officer.

**Response:** The New York Times (Newspaper) is a Division of The New York Times Company  
229 West 43<sup>rd</sup> Street, New York, New York 10036-3959  
Janet Robinson, President & General Manager

The New York Times Company was the owner of the Carlstadt, New Jersey, site.

- e. Identify the state and date of incorporation and the agent for service of process in the state of incorporation and in the State of New Jersey for your Company and for each entity identified in your response to question 1.d above.

**Response:** New York Times Company, Incorporated in New York in 1896  
Agent: NYTC  
229 West 43<sup>rd</sup> Street  
New York, NY 10036-3959  
New Jersey Agent: United States Corporation Company  
830 Bear Tavern Road  
West Trenton, New Jersey 08628

- f. If your Company is a successor to, or has been succeeded by another entity, identify such other entity and provide the same information requested in question 1.e. above.

The New York Times objects to this request to the extent the term "successor" is subject to varying interpretations and could constitute an admission of liability under state, federal and the common law. None of the entities identified in these Responses to EPA's Request for Information could be considered "successors" for the purpose of imposing individual owner/operator or successor liability under the New Jersey Spill Compensation and Control Act, N.J.S.A. 58:10-23.11 et seq. ("Spill Act"), CERCLA, 42 USC § 9601 et seq. ("CERCLA") or the common law. Subject to the foregoing objection and without waiver thereof, The New York Times offers the following response:

**Response:** N/A



2. Provide a description of the Site, i.e., the property or properties in Carlstadt, Bergen County, New Jersey, which your Company owned or owns, or upon which it operated or leased, or currently operates or leases. Include Block and Lot numbers, names of streets or physical features bounding the property(ies), and acreage.

Response:

The Site is located at 600 Washington Avenue, Carlstadt, NJ. It is designated on the official tax map of the Borough of Carlstadt as Block 126, Lots 13 (8 acres) and 20 (22 acres). Please refer to the location map and metes and bounds description of the Site provided in Appendix A of the accompanying attachment compiled by Arcadis, an environmental consultant for The New York Times.

3. Provide a narrative description of the nature of the Company's business. If the nature of the Company's business changed over time, please explain how it changed, (including any name changes) and approximately when the changes occurred.

Response:

Please refer to the Figure 2 site plan provided in Appendix I of the accompanying Arcadis attachment for a general description of the areas of operation discussed below.

The New York Times former printing plant operated at the site as follows:

Paper rolls were delivered by rail and stored vertically in the Paper Storage Area on the first floor adjacent to the rail line. The paper rolls were then transported via a conveyor to the Roll Laydown Area. Individual paper rolls were moved from the Roll Laydown Area to the Reel Room via a 51 Handling system which consisted of a motorized chain located in a floor track that traversed the circumference of the Reel Room. There the rolls were loaded onto the press reels where they were fed, through a series of rollers, to the Press Deck level on the mezzanine level.

Printing plates were made in the Plate making Room on the mezzanine level. Newspaper layout, received via satellite from the New York Times office in New York City, Was laser etched onto a graphite impregnated film. This film and an aluminum plate were then placed into a photographic unit where the photosensitive plate was light exposed. The plate was then moved into a developer/plate finisher process where developer and plate finisher were applied to form a chemically sensitized plate. Chemicals for platemaking were supplied in small containers which were directly fed into the photographic units and stored in the adjacent Photographic Chemical Storage Room. Once the plates were completed, they were delivered to the presses and directly mounted onto press plate cylinders.

Thirty-six printing units were located in the Press Room, which constituted six presses (referred to as "A" through "F" Presses). Each press was supplied with black ink and fountain solution which was fed through a series of lines located below the mezzanine deck. Black ink was supplied from three, 8,000 gallon tanks located in the Black Ink Room and fountain solution was supplied from a series of storage and mixing vessels located in the Reel Room. The fountain solution was used to enhance the clarity of the newsprint. This solution repels ink application in areas of the printed page where it was not needed.

While the presses were operating, black ink and fountain solution were continuously supplied to the press and subsequently the rolls of paper. The printed rolls of paper were then conveyed to the third floor of the press room. As the printed material was transported upward, rolls of newsprint from each unit of the press were collated into a full paper. Upon its descent to the second floor, the collated papers were then folded to their final size with L,c; angle bars. Once the paper reached the mezzanine level, it was cut into individual newspapers and transported via a conveyor to either of two locations. If the quality of the paper was acceptable, it was transported to the stacker/bundler area located between the Reel Room and the Mail Room. If the quality was unacceptable, it was conveyed to the waste paper area and either compacted in the Compaction Room and loaded onto trucks for off-site disposal or diverted into the incinerator as fuel. Dust generated from the two folders for the "E" and "P" Presses was controlled with a Flex Kleen dust collector located in the Dust Collector Room.

Once packaged, Monday through Saturday newspapers were conveyed to the Truck Docks where they were loaded onto delivery trucks. Preprinted inserts were also delivered to the Truck Docks. Sunday papers and their inserts were stacked and then transported to the Inserting and Mail Room where the sections were further collated. Some sections were bundled for Wednesday through Saturday delivery and some for Sunday delivery. In addition, full Sunday papers with all sections were assembled in the Mail Room near Inserter #7 and shrink wrapped for delivery via mail.

Waste ink from the presses was periodically vacuumed from the presses into 55-gallon drums which were stored in the Waste Ink Room. Waste ink was then poured through a chute in the Waste Ink Room to a 1,000 gallon waste ink holding tank located in the Incinerator Room. There the water and solids were separated. Water was fed into a 15-gallon separator and subsequently conveyed to the industrial/sanitary sewer. The solids were fed to a second waste ink holding tank and then transferred to the incinerator along with waste paper and wood pallets. Heat from the incinerator was then fed to a boiler for in-house steam production and ink atomization for the incinerator. Blowdown from this boiler was conveyed to the industrial/sanitary sewer.

Off-specification inks (i.e., bad formulations) were returned to the supplier for reformulation. Ink packs from the presses were cleaned in vessels located across from the press deck level Machine Shop. From the mid-1980's to plant closure, floors in the Press Room, and presses

were washed with non-solvent biodegradable cleaning solutions. Prior to this time, the presses were cleaned with solvents which were stored in the former Solvent Storage Room, which is now the Waste Ink Room. At the time of building modification in 1976, a floor trench drain was installed in the doorway of this room to collect any spills. Waste from this drain would then collect in the 275 gallon Solvent Tank. For the last several years of operation, the drain had been heavily clogged with dirt and debris and appeared inoperable.

In addition to the "A" through "F" Presses, the facility operated a "G" Press from 1985 to 1987. Ink for this press was supplied from a 2,000 gallon tank located in the "G" Press Ink "I" Room. Fountain solution for the "G" Press was supplied from storage and mixing vessels located in the Reel Room for the "G" Press. Process operations for this press were identical to those for the other presses.

Numerous forklifts and pallet jacks were used at the facility for materials transport.

Batteries for these vehicles were charged at the six locations designated as Battery Charging I Areas "A" through "F" on the first floor.

In addition to New York Times' printing operations, sections of the facility were used by tenants for offices, storage, and a computer repair center. From 1980 to 1991, the Hackensack News and its successor (Newark News Dealers Supply Co.), maintained a newspaper distribution center and also conducted some truck maintenance activities in approximately 60,000 sq. ft. of the building.

### **Maintenance Garage**

A maintenance garage, constructed in 1984 was located in the southwest corner of the property. The New York Times leased that facility to the APA Trucking Corporation (APA).

APA was under contract to maintain a fleet of New York Times' leased delivery I trucks. The maintenance garage occupied approximately 15,000 square feet and consisted of a ground floor and mezzanine level. The ground floor level was used for active vehicle maintenance, body work, paint room/shop, washbay, batteries and tire storage, parts storage I and administrative offices. The mezzanine level consisted of storage area and administrative offices.

A truck fueling area was located adjacent to the building. That fueling area consisted of two fueling islands and three diesel USTs, two waste oil USTs and separator. In addition, there was one lubricating oil UST located on the northwest side of the building.

## **Delta Trucking**

A trucking operation was on the site when The Times leased the site in 1976; Delta operated a truck repair operation in a former masonry building located in the north-central portion of the Site until the late 1980's. It utilized three 4,000 gallon USTs (2 diesel, 1 gas) in conjunction with its activities.

4. Please specify the time period during which the Company leased, owned, and/or operated the Site. If the Company leased, owned or operated at portions of the site, specify the time periods of such involvement, and appropriate block and lot numbers. If your Company ever leased the Site, provide copies of leases, names, current addresses and telephone numbers of each owner of the Site during the period the Company leased the Site.

### **Response:**

The facility at 600 Washington Avenue in Carlstadt, New Jersey was used by the New York Times for newspaper publishing operations beginning in October/November 1976. The New York Times leased the property from 1975 until 1980. In 1980, the New York Times purchased the property and continued its publishing operations there until 1992.

From 1962 to 1974, the property was used as a warehouse by various owners. An ownership history of the property is provided below:

<b>OWNER/OPERATOR LAST KNOWN ADDRESS</b>	<b>FROM/TO</b>	<b>CURRENT ADDRESS</b>	<b>DESCRIPTION OF PAST OPERATIONS CONDUCTED ON SITE</b>
New York Times 600 Washington Ave.	1975-1992	229 W. 43 <sup>rd</sup> Street New York, NY 10036	Newspaper publishing
Sonneblich & Goldman 100 E. 42 <sup>nd</sup> Street New York, NY 10017	1972-1974	Same	Warehouse
USIF Carlstadt Corp. 100 N. Biscayne Blvd. Miami, FL	1970-1971	Not Known	Warehouse

OWNER/OPERATOR LAST KNOWN ADDRESS	FROM/TO	CURRENT ADDRESS	DESCRIPTION OF PAST OPERATIONS CONDUCTED ON SITE
Seabrook Farms 600 Washington Ave.	1967-1969	Not Known	Grocery Warehouse
Francis H. Leggett & Co. 600 Washington Ave.	1962-1966	Not Known	Assumed Warehouse
R. Francaville Washington Ave.	1940-1961	Not Known	Farm
Herman Reckner Washington Ave.	1940-1961	Not Known	Farm

5. Describe the Site at the time the Company took possession of it. If there was any business at the Site, explain the nature of that business.

Response: See responses to Questions 3 and 4 above.

6. Describe in detail the nature of the activities conducted by the Company at the Site from the time the Company began operations at the Site until the present time, including:

a. the services performed at the site;

Response: See response to Question 3 above.

b. all products which the Company manufactured, supplied, or sold which resulted from activities at the Site;

Response: The New York Times printed and distributed newspapers at the Site.

c. research and development activities; and

Response: N/A

d. the time period during which those activities occurred.

Response: 1976-1992.

7. Did your Company cease operations at the Site? If so, when? Describe the circumstances that precipitated your Company's decision to cease operations at the Site.

Response:

The New York Times Company made a business decision to cease operations at the Site in 1992 and to transfer those operations to its Edison, New Jersey facility. Pursuant to the requirements of the Industrial Site Recovery Act (ISRA), formerly the Environmental Cleanup Responsibility Act (ECRA), the New York Times notified the NJDEP of the cessation of operations.

8. Did your company generate hazardous wastes at the Site, or does your company currently do so? Please describe your company's treatment, storage and/or disposal practices for any hazardous wastes generated at the Site.

Response:

The New York Times Company generated hazardous wastes at the Site incidental to its newspaper publishing and distribution operations. Please refer to Appendices B-F of the accompanying Arcadis attachment for a description of the treatment, storage, and disposal practices for the hazardous wastes generated at the Site.

9. Provide a list of all local, state and federal environmental permits ever granted for the Site or any part thereof (e.g., RCRA permits, NPDES permits, etc.).

Response:

Please refer to Appendix G of the accompanying Arcadis attachment for a list of environmental permits for operations at the Site.

10. List all hazardous substances (as defined in the "Instructions"), which were, or are, used, stored, or handled at the Site.

Response:

Please refer to Appendices B, C and F of the accompanying Arcadis attachment for a listing of the hazardous substances that were used, stored, or handled at the Site.

11. State when and where each substance identified in your response to Question 10 was, or is, used, stored, or handled at the Site and the volume of each substance.

**Response:**

Please refer to Appendices B and C of the accompanying Arcadis attachment for a description of where hazardous substances were used, stored, or handled at the Site in connection with the New York Times' printing and distribution operations (as described in response number 3 above).

12. Describe in detail how and where the hazardous wastes, industrial wastes, and hazardous substances generated, handled, treated, and stored at the Site were, or are, disposed of. If any hazardous wastes, hazardous substances, or industrial wastes were, or are, taken off-site for disposal or treatment, state the names and addresses of the transporters and the disposal facility used.

**Response:**

Any hazardous wastes, industrial wastes, and hazardous substances generated, handled, treated, or stored at the Site were disposed of as detailed in the hazardous waste reports and manifests provided in Appendices D and E of the accompanying Arcadis attachment. (Appendix B indicates the typical annual usage of hazardous substances at the Site). These documents were produced from an initial search of the New York Times' corporate records; documents stored at the Site have been destroyed. Any other relevant documents that are located will be provided.

13. Who determined, or determines, where to treat, store, and/or dispose of the hazardous substances and/or hazardous wastes handled at the Site? Provide the names and current or last known addresses of any entities or individuals which made such determination.

The New York Times objects to this request to the extent that the phrase "who determined where waste/hazardous substances were treated, stored or disposed" constitutes an admission as to owner/operator or successor liability under state, federal and the common law. There were no individuals involved with the Property who could be considered individually liable as "operators" or "successors" under the Spill Act, CERCLA or the common law. Subject to the foregoing objection and without waiver thereof, The New York Times offers the following response:

**Response:** Glenn Hughes  
c/o The New York Times Company  
229 West 43<sup>rd</sup> Street  
New York, NY 10036-3959

Joseph Pedalino  
Former Health and Safety Manager  
2121 North Ocean Blvd., #1508E  
Boca Raton, FL 33428

14. Describe in detail the remedial activities conducted at the Site under CERCLA, the Resource Conservation and Recovery Act (RCRA), and/or laws of the State of New Jersey. Describe your Company's involvement in the remedial activities.

Response:

Please refer to Appendices H and I of the accompanying Arcadis attachment for a description of the remedial activities conducted at the Site.

15. Identify all leaks, spills, or releases into the environment of any hazardous substances, pollutants, or contaminants that have occurred, or are occurring, at or from the Site. Specifically identify and address any leaks, spills, or releases to the Berry's Creek Study Area. Identify:
- a. when such releases occurred;
  - b. how the releases occurred;
  - c. the amount of each hazardous substances, pollutants, or contaminants so released (for substances contained in any sewage effluent from the Site, provide discharge monitoring reports or other data indicating discharge concentrations and loads, as available);
  - d. where such releases occurred;
  - e. where such releases entered the Berry's Creek Study Area, if applicable; and
  - f. the pathway by which such releases entered the Berry's Creek Study Area, including any storm sewers, pipes, or other conveyances discharging to a water body or wetland; or via surface runoff, groundwater discharge, or any spills, leaks, or disposal activities.

Response:

The New York Times objects to this question to the extent that the EPA's defined term the "Berry's Creek Study Area" is vague, ambiguous and subject to varying interpretations. By way of example, it is unclear which water bodies/wetlands would be considered tributary or hydrologically connected to Berry's Creek and/or its tributaries. Additionally, the Study Area is defined to include upland properties in the Berry's Creek watershed, including portions of Carlstadt, Wood-Ridge, Rutherford, East Rutherford, Moonachie, Hasbrouck Heights, Little Ferry, Lyndhurst, and Teterboro. This definition could be read to include the individual sites currently or formerly operated by the individual 104(e) recipients. This is inconsistent with the EPA's defined term "New York Times Site" or "Site" insofar as EPA is questioning



whether releases from the "Site" have migrated off-site to the Berry's Creek Study Area. Therefore, by definition, this means that each individual site cannot be considered part of the Study Area for purposes of assessing whether on-site discharges have impacted the Berry's Creek Study Area. Subject to the foregoing objection and without waiver thereof, The New York Times offers the following response: See response to Question 14 above and, specifically, Appendix H of the Arcadis Attachment, Sections 1.1, 1.12, 1.13, 2.1.2 (Hackensack News Truck Maintenance).

16. Please complete the form on page 5, below. Indicate on the form whether each of the chemicals listed has ever been released from the Site to the Berry's Creek Study Area, including creeks, ditches, or other water bodies, or wetlands. Follow all additional instruction on the form. In addition, please answer Question 15, above, specifically addressing any chemicals for which you answered "yes".

Response:

The New York Times objects to this question to the extent that the EPA's defined term the "Berry's Creek Study Area" is vague, ambiguous and subject to varying interpretations. By way of example, it is unclear which water bodies/wetlands would be considered tributary or hydrologically connected to Berry's Creek and/or its tributaries. Additionally, the Study Area is defined to include upland properties in the Berry's Creek watershed, including portions of Carlstadt, Wood-Ridge, Rutherford, East Rutherford, Moonachie, Hasbrouck Heights, Little Ferry, Lyndhurst, and Teterboro. This definition could be read to include the individual sites currently or formerly operated by the individual 104(e) recipients. This is inconsistent with the EPA's defined term "New York Times Site" or "Site" insofar as EPA is questioning whether releases from the "Site" have migrated off-site to the Berry's Creek Study Area. Therefore, by definition, this means that each individual site cannot be considered part of the Study Area for purposes of assessing whether on-site discharges have impacted the Berry's Creek Study Area. Subject to the foregoing objection and without waiver thereof, The New York Times offers the following response: Please refer to Appendix J of the accompanying Arcadis attachment for the EPA chemical release form.

17. Identify all companies, firms, facilities, and individuals (hereafter referred to as "customers") from whom your Company obtained, or obtains, materials containing Industrial Waste as defined in Number 6 of the Definitions and whose Industrial Waste was, or is, treated, stored, handled or disposed of at the Site. For each such customer:
- a. Describe the relationship (the nature of services rendered and products purchased or sold) between your Company and the customer;
  - b. Provide copies of any agreements and/or contracts between your Company and the customer;

- c. Provide the name and address of each customer who sent such materials, including contact person(s) within said customer;
- d. Provide shipping and transaction records pertaining to such Industrial Wastes sent by each customer, including, but not limited to, invoices, delivery receipts, receipts acknowledging payment, ledgers reflecting receipt of payment, bills of lading, weight tickets, and purchase orders; and
- e. Provide the name and address of all companies and individuals who transported, or transport, Industrial Wastes to the Site.

Response: N/A

18. For each customers' Industrial Wastes handled, treated, stored, or disposed of at the Site, describe:
- i. the volume;
  - ii. the nature;
  - iii. chemical composition;
  - iv. color;
  - v. smell;
  - vi. physical state (e.g., solid, liquid);
  - vii. any other distinctive characteristics; and
  - viii. the years during which each customer's materials were handled, treated, stored, or disposed of at the Site.

Response: N/A

19. Please supply any additional information or documents that may be relevant or useful to identify other companies or sources that sent industrial wastes to the Site.

Response: N/A

20. Please state the name, title and address of each individual who assisted or was consulted in the preparation of your response to this Request for Information and correlate each individual to the question on which he or she was consulted.

Response:

Marci Kraft, Esq., The New York Times Company - assisted in the preparation of responses 1 and 2.

Herbert Valentine, The New York Times Company - assisted in the preparation of response 4.

Glenn Hughes, Tom Lombardo, The New York Times Company - assisted in the preparation of responses 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15.

Steven Albert, Arcadis, 1200 MacArthur Boulevard, Mahwah, New Jersey 07430 - assisted in the preparation of responses 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16.

Questions 17, 18 and 19 - not applicable to The New York Times' operations.

Steven Gray of Waters, McPherson, McNeill, P.C., 300 Lighting Way, Secaucus, New Jersey 07096, counsel to the New York Times, assisted in the preparation of all responses to the EPA inquiry.

21. For each question herein, identify all documents consulted, examined, or referred to in the preparation of the answer or that contain information responsive to the question and provide true and accurate copies of all such documents.

Response:

The New York Times objects to this Question to the extent that it is over broad, unduly burdensome and not reasonably calculated to assist EPA in its investigation of the Berry's Creek Study Area. By way of example, the State of New Jersey maintains complete ISRA and BUST case files (merged as Case No. 93263) which are a matter of public record. The reproduction of these files would be unreasonably time consuming and costly. The Times further objects to this Question in that the terms "consulted" and "examined" are not defined and may be subject to differing interpretations. Subject to the foregoing objection, and without waiver thereof, The New York Times has "consulted" and "examined" many files in an effort to locate the historical documents requested by EPA in the context of this 104(e) request, and it would be unduly burdensome to reproduce all of these files here.

**CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION**

STATE OF )  
 ) ss.  
COUNTY OF )

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to EPA's Request for Information if any additional information relevant to the matters addressed in EPA's Request for Information or the company's response thereto should become known or available to the company.

GLENN D. HUGHES

NAME (Print or Type)

DIRECTOR OF CONSTRUCTION

TITLE (Print or Type)

Glenn D. Hughes  
SIGNATURE

Sworn to before me this 18<sup>th</sup>  
day of December, 2003. 2002

Lori Auton  
Notary Public

MY COMMISSION EXPIRES 11-25-06  
365263.1

ARCADIS

NEW YORK TIMES COMPANY  
FORMER CARLSTADT, NEW JERSEY FACILITY  
600 WASHINGTON AVENUE  
BLOCK 126, LOTS 13 & 20

ATTACHMENT TO RESPONSE TO USEPA REQUEST FOR INFORMATION  
CERCLA § 104(e)  
RE: BERRY'S CREEK STUDY AREA, BERGEN COUNTY, N.J.

COMPILED BY ARCADIS

## ARCADIS

- APPENDIX A - LEGAL DESCRIPTION OF PROPERTY AND LOCATION MAP
- APPENDIX B - HAZARDOUS SUBSTANCE/WASTE INVENTORY
- APPENDIX C - HAZARDOUS SUBSTANCE AND WASTE CONTAINMENT DESCRIPTION
- APPENDIX D - HAZARDOUS WASTE REPORTS AND MANIFESTS – NEW YORK TIMES SITE REMEDIATION ACTIVITIES 1992-1996
- APPENDIX E - HAZARDOUS WASTE REPORT – TENANT OPERATIONS 1992
- APPENDIX F - RIGHT TO KNOW SURVEYS 1987, 1991 & 1993
- APPENDIX G - ENVIRONMENTAL PERMITS
- APPENDIX H - DESCRIPTION OF REMEDIAL ACTIVITIES CONDUCTED AT SITE (RESPONSE TO EPA QUESTIONS 14 & 15)
- APPENDIX I - SITE MAP DETAILING AREAS OF CONCERN/REMEDIATION ACTIVITIES
- APPENDIX J - EPA CHEMICAL RELEASE FORM (RESPONSE TO EPA QUESTION 16)

## ARCADIS

### APPENDIX A LEGAL DESCRIPTION OF PROPERTY

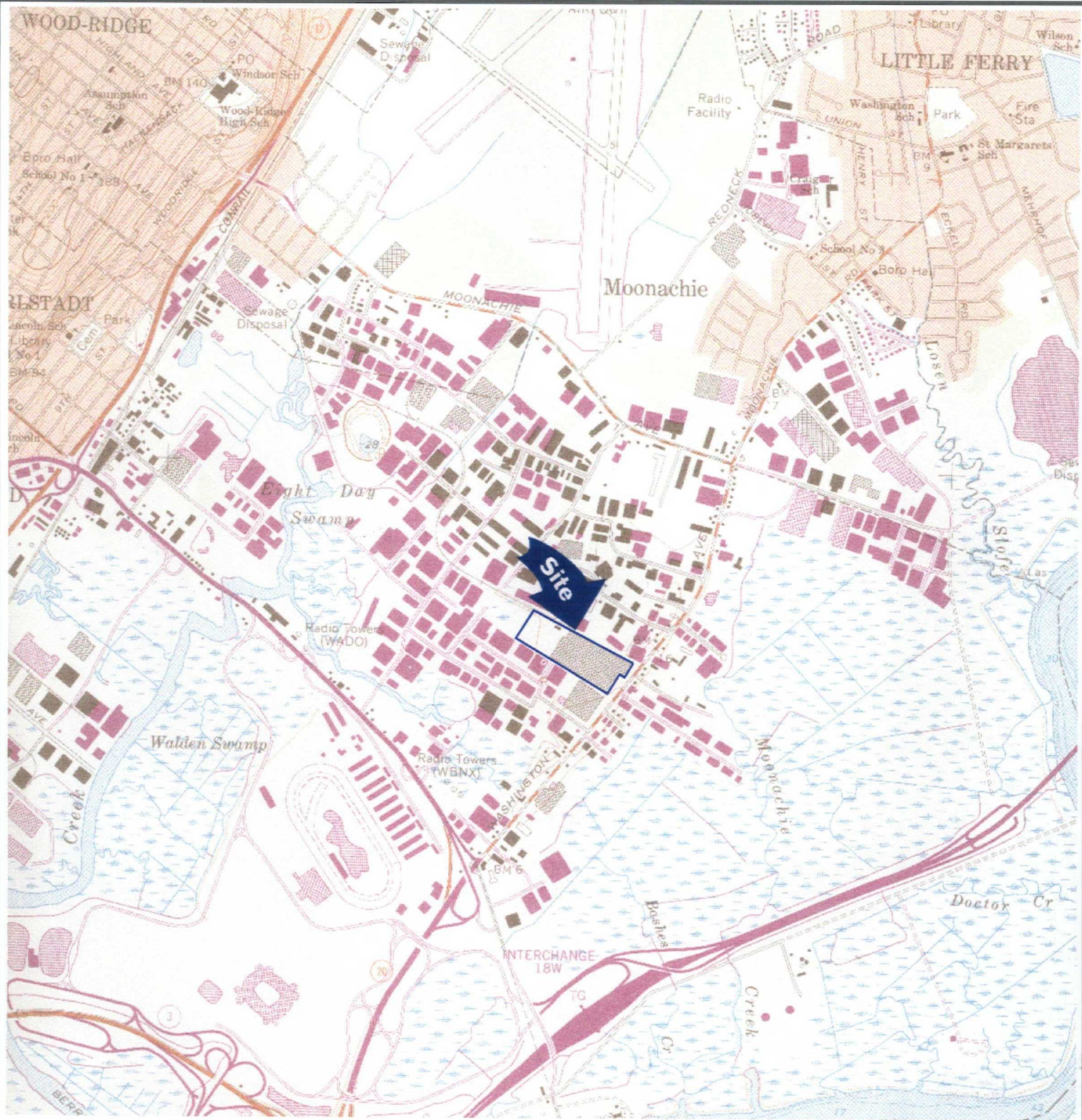
ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the Borough of Carlstadt, County of Bergen, State of New Jersey, more particularly described as follows:

Tract I: Beginning at a point in the center of Washington Avenue (formerly Moonachie Road) where the same is intersected by the southwesterly line or lands of William Zirk, now or formerly of Peter Kero and from said point of beginning, running thence (1) South 50 degrees 37 minutes 30 seconds West along said center line of Washington Avenue 174.51 feet to a point marked by a monument; thence (2) South 47 degrees 18 minutes 30 seconds West 95.77 feet to a point in the northeasterly line of lands conveyed to Francis H. Leggett and Company by Deed of Rosina Francavilla recorded October 25, 1961 in Deed Book 4296 at page 27, thence (3) along said northeasterly line of lands conveyed by Francavilla to Leggett, aforementioned, northwesterly 2,327.89 feet to a point in the southeasterly line of lands now or formerly of Sette Brothers; thence (4) North 47 degrees 58 minutes 20 seconds East along said line of Sette Brothers 200.31 feet to a point; thence (5) South 53 degrees 39 minutes 40 seconds East along the southwesterly line of lands formerly of William Zirk and now or formerly of Peter Kero 2,347.86 feet of the center of Washington Avenue, at the point or place of beginning.

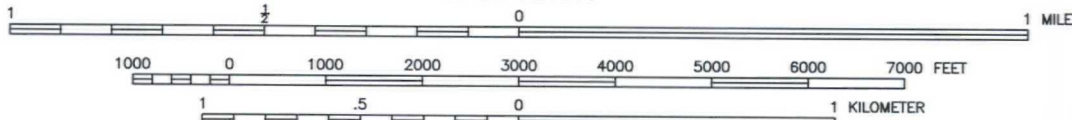
Tract II: Beginning at a point in the center of Washington Avenue (formerly Moonachie Road) where the same is intersected by the southwesterly line of lands conveyed to Francis H. Leggett and Company by William Frederick Reckner and Martha A., his wife, by Deed recorded October 25, 1961 in Deed Book 4296 at page 31 and thence running (1) South 47 degrees 18 minutes 30 seconds West, 390 feet to a point in the said center of Washington Avenue marked by a monument; thence (2) North 49 degrees 24 minutes 40 seconds West, along the northeasterly line of lands now or formerly of John P. Outwater and now or formerly of Cobest Industrial Realty Co., 2,299.72 feet to a point in the southeasterly line of lands formerly of George Outwater, now or formerly of Sette Brothers, thence (3) North 47 degrees 58 minutes 20 seconds East, along said line 284.82 feet to a point in the southwesterly line of lands of Reckner as aforesaid; thence (4) Southeasterly along said line of premises conveyed by Reckner and wife to Francis H. Leggett and Company by deed recorded in Deed Book 4296 at page 31, 2,311.13 feet to the point or place of beginning.

Excepting therefrom all those certain parts or parcels thereof, including slope rights, conveyed by New Jersey Kavanau Corporation to County of Bergen by deed dated April 19, 1965 and recorded on July 9, 1965 in Deed Book 4799 at page 222.

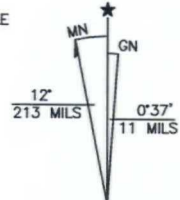




SCALE 1:24000

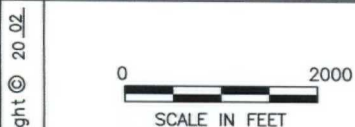


CONTOUR INTERVAL 10 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929



UTM GRID AND 1981  
MAGNETIC NORTH

SOURCE: USGS 7.5 MIN. WEEHAWKEN QUADRANGLE, NEW JERSEY-NEW YORK 1967, PHOTOREVISED 1981



DRAWN LMC	DATE 12/06/02	PROJECT MANAGER K. MCGUINNESS	DEPARTMENT MANAGER T. ENG
SITE LOCATION FORMER NEW YORK TIMES CARLSTADT, NEW JERSEY		LEAD DESIGN PROF.	CHECKED C. AYERS
		PROJECT NUMBER NJ000246.06.01	DRAWING NUMBER 1



# ARCADIS

## APPENDIX B New York Times Hazardous Substance/Waste Inventory

Page 1 of 4

Material Name	Quantity	Location Reference	Storage Method Container Type/Size	Typical Annual Usage
Lubricating Oil	570 gallons	Oiler Room & "C" Warehouse	Steel Drum, 55 gal.	2,000 gallons
Petroleum Grease	30 gallons	Oiler Room	Steel Drum, 15 gal.	360 gallons
Waste Oil	450 gallons	"C" Warehouse	Steel Drum, 55 gal.	800 gallons
Compressor Oil	1,045 gallons	"C" Warehouse & Compressor Room	Steel Drum, 55 gal.	500 gallons
Sodium Hydroxide	220 gallons	"C" Warehouse	Steel Drum, 55 gal.	500 gallons
Caustic Rust Inhibitor	110 gallons	"C" Warehouse	Steel Drum, 55 gal.	220 gallons
Caustic Cleaner	110 gallons	"C" Warehouse	Steel Drum, 55 gal.	110 gallons
Mineral Oil	18,000 gallons	Black Ink Room	3-8,000 gallon tanks	0 gallons
No. 2 - Diesel	12,000 gallons	UST #1	12,000 gallon UST	170,000 gallons
No. 2 - Diesel	12,000 gallons	UST #2	12,000 gallon UST	170,000 gallons
No. 2 - Diesel	4,000 gallons	UST #9	4,000 gallon UST	N/A
Unknown	Unknown	UST #10	275 gallon UST	0 gallons
No. 2 - Diesel	12,000 gallons	UST #3	12,000 gallon UST	12,000 gallon UST
Fountain Solution	500 gallons	Reel Room	5-100 gallon Plastic	10,000 gallons

# ARCADIS

## APPENDIX B New York Times Hazardous Substance/Waste Inventory

Page 2 of 4

Material Name	Quantity	Location Reference	Storage Method Container Type/Size	Typical Annual Usage
Lubricating Oil	4,000 gallons	UST #4	4,000 gallon UST	6,000 gallons
Waste Oil	1,000 gallons	UST #5	1,000 gallon UST	8,400 gallons
Waste Oil	550 gallons	UST #6	500 gallon UST	200 gallons
Leaded Gasoline	4,000 gallons	UST #7	4,000 gallon UST	N/A
No. 2 - Diesel	4,000 gallons	UST #8	4,000 gallon UST	N/A
Boiler Treatment	400 gallons	"C" Warehouse	Plastic Drum, 55 gal.	220 gallons
Antifreeze	220 gallons	"C" Warehouse	Steel Drum, 55 gal.	0 gallons
Waste Ink	220 gallons	Waste Ink Room	Steel Drum, 55 gal.	50,000 gallons
Diethylamine Ethanol	110 gallons	Photographic Chemical Storage Room	Steel Drum, 55 gal.	110 gallons
Waste Ink	100 gallons	Incinerator Room	1,000 gallon tank	Note (1)
Ink	50 gallons	In-House Printing	Metal Can, 1 gal.	0 gallons
Methylene Chloride	40 gallons	In-House Printing	Metal Can, 5 gal.	0 gallons

# ARCADIS

## APPENDIX B New York Times Hazardous Substance/Waste Inventory

Page 3 of 4

Material Name	Quantity	Location Reference	Storage Method Container Type/Size	Typical Annual Usage
Petroleum Spirits	50 gallons	In-House Printing	Metal Drum, 55 gal.	0 gallons
Isopropyl Alcohol	40 gallons	In-House Printing	Metal Drum, 10 gal.	0 gallons
Perchloroethylene	10 gallons	In-House Printing	Metal Can, 5 gal.	0 gallons
Aluminum Sulfate	10 gallons	In-House Printing	Glass Bottle, 4 oz.	0 gallons
Fountain Solution	25 gallons	In-House Printing	Plastic Can, 1 gal.	0 gallons
Ink Thinner	10 gallons	In-House Printing	Glass Bottles, 8 oz	0 gallons
Stoddard Solvent	2 gallons	In-House Printing	Glass Bottles, 8 oz	0 gallons
Anti-Freeze	110 gallons	Maintenance Garage	Steel Drum, 55-gal.	440 gallons
Transmission Fluid	100 gallons	Maintenance Garage	Steel Drum, 55-gal.	220 gallons
Mineral Oil	0 gallons	Maintenance Garage	Metal Can, 5 gal.	25 gallons
Primer	8 gallons	Maintenance Garage	Metal Can, 1 gal.	50 gallons
Enamel	25 gallons	Maintenance Garage	Metal Can, 1 gal.	200 gallons
Penetrating Fluid	2 gallons	Maintenance Garage	Metal Can, 1 qt. & 1 gal.	10 gallons
Wheel Lube	30 gallons	Maintenance Garage	Steel Drum, 55-gal.	50 gallons

# ARCADIS

## APPENDIX B New York Times Hazardous Substance/Waste Inventory

Page 4 of 4

Material Name	Quantity	Location Reference	Storage Method Container Type/Size	Typical Annual Usage
Parts Cleaner	46 gallons	Maintenance Garage	Parts Cleaner, 40 gal.	550 gallons
Oxygen	15 cu. ft.	Maintenance Garage	Steel Tank, 5 cu. ft.	120 cu. Ft
Propane	60 lbs	Maintenance Garage	Metal Can, 30 lb.	120 lbs.
Paint Remover	2 gallons	Maintenance Garage	Metal Can, 1 gal.	10 gallons
Acetylene	15 cu. ft.	Maintenance Garage	Steel Tank, 5 cu. ft.	100 cu. ft.
Red Grease	55 gallons	Maintenance Garage	Steel Drum, 55-gal.	165 gallons
Silastic Sealant	120 oz.	Maintenance Garage	Tube, 10 oz.	300 oz.
Polyvinyl Alcohol	1 gallon	Maintenance Garage	Metal Can, 1 gallon	2 gallons
Brake Cleaner	192 oz.	Maintenance Garage	Metal Can, 16 oz.	1,300 oz.
Engine Degreaser	110 gallons	Maintenance Garage	Steel Drum, 55 gal.	220 gallons
Lacquer	2 gallons	Maintenance Garage	Metal Can, 1 gallon	5 gallons
Thinner	10 gallons	Maintenance Garage	Metal Can, 5 gallon	60 gallons
Activator	0 quarts	Maintenance Garage	Metal Can, 1 quart	6 quarts
Reducer	10 gallons	Maintenance Garage	Metal Can, 5 gallons	120 gallons
Alkaline Detergent	250 gallons	Maintenance Garage	Plastic Can, 200 gallons	200 gallons

# ARCADIS

## APPENDIX C New York Times Hazardous Substance and Waste Containment Description

Page 1 of 2

Type of Storage Unit	Date Installed	Area or Volumetric Capacity	Material Stored	Construction Type	Location Reference
Underground Storage Tank	1988	12,000 gallons	No. 2- Diesel	Fiberglass	UST #1
Underground Storage Tank	1988	12,000 gallons	No. 2- Diesel	Fiberglass	UST #2
Underground Storage Tank	1988	12,000 gallons	No. 2- Diesel	Fiberglass	UST #3
Underground Storage Tank	1988	4,000 gallons	Lubricating Oil	Fiberglass	UST #4
Underground Storage Tank	1988	1,000 gallons	Waste Oil	Fiberglass	UST #5
Underground Storage Tank	1988	550 gallons	Waste Oil	Fiberglass	UST #6
Underground Storage Tank	1978	4,000 gallons	Leaded Gasoline	Carbon Steel	UST #7
Underground Storage Tank	1978	4,000 gallons	No. 2 - Diesel	Carbon Steel	UST #8
Underground Storage Tank	1978	4,000 gallons	No. 2 - Diesel	Steel	UST #9
Underground Storage Tank	1976	275 gallons	Solvent	Steel	UST #10
Indoor Above Ground Tank	1978	8,000 gallons	Ink/Mineral Oil	Steel	Black Ink Room
Indoor Above Ground Tank	1978	8,000 gallons	Ink/Mineral Oil	Steel	Black Ink Room
Indoor Above Ground Tank	1978	8,000 gallons	Ink/Mineral Oil	Steel	Black Ink Room

# ARCADIS

## APPENDIX C New York Times Hazardous Substance and Waste Containment Description

Page 2 of 2

Type of Storage Unit	Date Installed	Area or Volumetric Capacity	Material Stored	Construction Type	Location Reference
Drum Storage Rack	1978	15-55 gallon drums	Lubricating Oil Petroleum Grease	Concrete	Oiler Room
Container Storage	1978	250 gallons	See Appendix B	Concrete	In-House Printing
Indoor Above Ground Tank	1978	1,000 gallons	Waste Ink	Carbon Steel	Incinerator Room
Indoor Above Ground Tank	1986	3,000 gallons	Ink	Steel	"G" Press Ink Room
Container Storage	1978	150 gallons	Compressor Oil	Concrete	Compressor Room
Drum Storage	1978	1,000 sq. ft.	Boiler Treatment Antifreeze Sodium Hydroxide Lubricating Oil	Concrete	"C" Warehouse
Drum and Container Storage	1978	1,000 sq. ft.	Acetic Acid Sodium Hydroxide Hydroquinone Cyclohexanol 2-Butoxyethanol Sulfuric Acid Diethylamine Ethanol	Concrete	Photographic Chemical Storage Room
Above Ground Tanks	1978	500 gallons	Fountain Solution	Plastic Tote	Reel Room
Container Storage	1985	500 sq. ft.	See Appendix B	Concrete	Maintenance Garage

APPENDIX D



Site Name The New York Times  
Carlstadt, New Jersey Facility

EPA ID No. N J D 9 8 6 5 9 7 5 2 4

OFFICIAL USE ONLY

Ann. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

Rec'd By \_\_\_\_\_

1992 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue  
CN417  
428 East State Street  
Trenton, NJ 08625-0417  
Attention: Manifest Section

Fee Category

- ☐ No Fee This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
- ☐ \$125.00 This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
- ☒ \$180.00 This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
- ☐ \$300.00 This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.
- ☐ \$400.00 This site (company) manifested 150 tons or more of hazardous waste during the calendar year.
- ☐ \$\_\_\_\_\_ Other, the attached check is for multiple sites as identified on the reverse side of this form.



## CONVERSION TABLE

$$\text{Tons} = \text{Gallons (G)} \times \frac{8.34}{2000}$$

$$= \text{Pounds (P) divided by 2000}$$

$$= \text{Cubic Yards (Y)} \times \frac{1684.8}{2000}$$

$$= \text{Liters (L)} \times \frac{2.203}{2000}$$

$$= \text{Kilograms (K)} \times \frac{2.204}{2000}$$

If the check attached is for multiple sites, then list below the EPA Identification Number for each site with each site's appropriate fee indicated. N/A

EPA ID No.	FEE
Site 1 _____	\$ _____
Site 2 _____	\$ _____
Site 3 _____	\$ _____
Site 4 _____	\$ _____
Site 5 _____	\$ _____

Total as recorded on the attached check \$ \_\_\_\_\_

BEFORE COPYING FORM,  
ENTER:

SITE NAME The New York Times  
Carlstadt, New Jersey Facility

EPA ID NO. NIJJD 91816 51917 51214

1992 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND  
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1992 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or <u>          </u>		B. County <u>Bergen</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or <u>          </u>		D. Has the site name associated with this EPA ID changed since 1989? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or <u>          </u>			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or <u>          </u>		G. State Same as label <input checked="" type="checkbox"/> <u>          </u>	H. Zip Code Same as label <input checked="" type="checkbox"/> <u>          </u>

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address <u>          </u>		
C. City, town, village, etc. <u>          </u>	D. State <u>          </u>	E. Zip Code <u>          </u>

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name <u>Pedalino</u>	First name <u>Joseph</u>	M.I. <u>S.</u>	B. Title <u>Director - Environmental Health &amp; Safety</u>	C. Telephone <u>21112</u> <u>51516</u> - <u>191610</u> Extension <u>191610</u>
---	-----------------------------	-------------------	---	--

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A. <u>217111</u>	B. <u>1111A1</u>	C. <u>1111A1</u>	D. <u>1111A1</u>
------------------	------------------	------------------	------------------

SEC. V "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name <u>Pedalino</u>	First name <u>Joseph</u>	M.I. <u>S</u>	B. Title <u>Director - Environmental Health &amp; Safety</u>
C. Signature <u>Joseph A. Pedalino</u>			D. Date of signature MO. <u>014</u> DAY <u>218</u> YR. <u>193</u>

Page 1 of 2

OVER -->

Page 3 of 9

# Sec. VI - Generator Status

EPA ID NO.

N J D 9 8 6 5 1 9 7 5 1 2 1 4

## A. 1992 Generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- ☒ 1 FRG/LQG (SKIP TO SEC. VII)  
☐ 2 FRG  
☐ 3 SQG  
☐ 4 Non generator (CONTINUE TO BOX B)

## B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

# Sec. VII - On-Site Waste Management Status

## A. Hazardous waste permitted or interim status storage

Instruction page 10

1

## B. Hazardous waste permitted or interim status treatment, disposal, or recycling

Page 10

1

## C. Hazardous waste-exempt treatment, disposal, or recycling

Page 11

1

# Sec. VIII - Waste Minimization Activity during 1991 or 1992

## A. Did this site begin or expand a source reduction activity during 1991 or 1992?

Instruction page 11

- ☐ 1 Yes  
☒ 2 No

## B. Did this site begin or expand a recycling activity during 1991 or 1992?

Page 12

- ☐ 1 Yes  
☒ 2 No

## C. Did this site systematically investigate opportunities for source reduction or recycling during 1991 or 1992?

Page 12

- ☐ 1 Yes  
☒ 2 No

## D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1991 or 1992?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

## E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1991 or 1992?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |   | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                                    | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production processes                  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recyclable materials  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments off site for recycling   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off site for recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off site for recycling   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments: Waste was generated as a result of remediation clean-up activities

ENTER:

SITE NAME

The New York Times

Carlstadt, New Jersey Facility

EPA ID NO.

NJ 018 597 524

1992 Hazardous Waste Report

FORM  
GMWASTE GENERATION AND  
MANAGEMENT**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.Sec.  
IA. Waste description  
Instruction Page 15

Waste oil generated as a result of remediation clean-up activities.

B. EPA hazardous waste code  
Page 15

0018 NA

C. State hazardous waste code  
Page 15

NA NA NA

X 7125 C 133

D. SIC code  
Page 16

27111

E. Origin code  
Page 16

2

F. Source code  
Page 17

A1513

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B12105

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. - 2. -

3. - 4. - 5. -

Sec.  
IIA. Quantity generated in 1991  
Instruction Page 18

1010

B. Quantity generated in 1992  
Page 18

139161910

C. UOM Density  
Page 19

15 D.K.

☐ 1 lb/gal ☐ 2 gD. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1992

1010

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1992

1010

Sec.  
IIIA. Was any of this waste shipped off site in 1992?  
Instruction Page 20☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)Site  
1B. EPA ID No. of facility waste was shipped to  
Page 20

NJ 018 597 524

C. System type shipped to  
Page 20

M101511

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1992  
Page 21

19161910

Site  
2B. EPA ID No. of facility waste was shipped to  
Page 20

NJ 018 597 524

C. System type shipped to  
Page 20

M101511

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1992  
Page 21

1310101010

Sec.  
IVA. Did new activities in 1992 result in minimization of this waste?  
Instruction Page 22☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)B. Activity  
Page 22

W W W W

C. Other effects  
Page 22☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1992 due to new activities  
Page 23

1010

E. Activity/production index  
Page 23

1010

F. 1992 Source reduction quantity  
Page 24

1010101010

Comments:

List of hazardous waste manifests for this form.

Document Number

Date Shipped

NJA1492111

8/19/92

NJA1092535

5/8/92

ENTER:

SITE NAME

The New York Times

Carlstadt, New Jersey Facility

1992 Hazardous Waste Report

EPA ID NO.

NJ1D 986 597 524

FORM  
GMWASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec.  
IA. Waste description  
Instruction Page 15

Waste petroleum Naphtha from cleaning tank; combustible liquid.

B. EPA hazardous waste code  
Page 15

D10011 1010319

N A N A N A

C. State hazardous waste code  
Page 15

C 415 N A

D. SIC code  
Page 16

2711

E. Origin code  
Page 16

11

System type

M N A

F. Source code  
Page 17

A1019

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B1204

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. - - - - - 2. - - - - -

3. - - - - - 4. - - - - - 5. - - - - -

Sec.  
IIA. Quantity generated in 1991  
Instruction Page 18

0.0

B. Quantity generated in 1992  
Page 18

344.0

C. UOM  
Page 19

1

Density

☐ 1 lbs/gal ☐ 2 sgD. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 18☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1992

-

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1992

-

Sec.  
IIIA. Was any of this waste shipped off site in 1992?  
Instruction Page 20☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)Site  
1B. EPA ID No. of facility waste was shipped to  
Page 20

NJ1D 01010 71618 01913

C. System type shipped to  
Page 20

M10213

D. Off-site availability code  
Page 21

11

E. Total quantity shipped in 1992  
Page 21

131414.10

Site  
2B. EPA ID No. of facility waste was shipped to  
Page 20

-

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

-

E. Total quantity shipped in 1992  
Page 21

-

Sec.  
IVA. Did new activities in 1992 result in minimization of this waste?  
Instruction Page 22☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)B. Activity  
Page 22W W  
W WC. Other effects  
Page 22☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1992 due to new activities  
Page 23

-

E. Activity/production index  
Page 23

-

F. 1992 Source reduction quantity  
Page 24

-

Comments:

Hazardous waste manifested for this form.

Document Number

NJA1459943

Date Shipped

4/6/92

BEFORE COPYING FORM,  
ENTER:

SITE NAME The New York Times  
Carlstadt, New Jersey Facility

EPA ID NO.

N J D | 9 8 6 | 5 9 7 | 5 2 4

1992 Hazardous Waste Report  
OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

|   |  |   |
|---|--|---|
| Site 1  | A. EPA ID No. of off-site installation or transporter<br><u>N J D</u>   <u>0 5 4</u>   <u>1 2 6</u>   <u>1 6 4</u>   | B. Name of off-site installation or transporter<br><u>Freehold Cartage, Inc.</u>      |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>N/A<br>Street _____<br>City _____ State _____ Zip Code _____  |   |
| Site 2  | A. EPA ID No. of off-site installation or transporter<br><u>N J D</u>   <u>9 8 0</u>   <u>5 3 6</u>   <u>5 7 7</u>   | B. Name of off-site installation or transporter<br><u>Remtech Environmental Group</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>1800 Carman Street</u><br>City <u>Camden</u> State <u>N J</u> Zip Code <u>0 8 1 1 0 5</u> - _____         |   |
| Site 3  | A. EPA ID No. of off-site installation or transporter<br><u>N J D</u>   <u>0 0 2</u>   <u>3 8 5</u>   <u>7 3 0</u>   | B. Name of off-site installation or transporter<br><u>E.I. DuPont Denemours</u>       |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>Chambers Works, Route 130</u><br>City <u>Deepwater</u> State <u>N J</u> Zip Code <u>0 8 2 0 3</u> - _____ |   |
| Site 4  | A. EPA ID No. of off-site installation or transporter<br><u>I L D</u>   <u>0 5 1</u>   <u>0 6 0</u>   <u>4 0 8</u>   | B. Name of off-site installation or transporter<br><u>Safety-Kleen Corp.</u>          |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>N/A<br>Street _____<br>City _____ State _____ Zip Code _____  |   |
| Site 5  | A. EPA ID No. of off-site installation or transporter<br><u>N J D</u>   <u>0 0 0</u>   <u>7 6 8</u>   <u>0 9 3</u>   | B. Name of off-site installation or transporter<br><u>Safety-Kleen Corp.</u>          |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>32 Tompkins Pt. Road</u><br>City <u>Newark</u> State <u>N J</u> Zip Code <u>0 7 1 1 1 4</u> - _____       |   |

Comments:



Site Name The New York Times  
Carlstadt, New Jersey Facility

EPA ID No. N J D 9 8 6 5 9 7 5 2 4

**OFFICIAL USE ONLY**

Ann. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

Rec'd By \_\_\_\_\_

**1993 FEE VERIFICATION WORKSHEET**

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check where indicated.

When submitting multiple reports, each site will require a Fee Verification Worksheet; however, any fees owed may be combined into one check.

Attach check here (do not send cash)

Make Payable to: **Treasurer State of New Jersey**  
Mail Report to: **NJDEPE, Bureau of Revenue**  
**Attention: Annual Reports Unit**  
**CN 417**  
**Trenton, New Jersey 08625-0417**

**Fee Category**

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input type="checkbox"/>            | No Fee   | This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.   |
| <input type="checkbox"/>            | \$125.00 | This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year. |
| <input checked="" type="checkbox"/> | \$180.00 | This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.  |
| <input type="checkbox"/>            | \$300.00 | This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year. |
| <input type="checkbox"/>            | \$400.00 | This site (company) manifested 150 tons or more of hazardous waste during the calendar year.   |

**NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGY**

## 1993 Hazardous Waste Report

## IDENTIFICATION AND CERTIFICATION

**FORM  
IC**

REPORT NAME: The New York Times  
Carlstadt, New Jersey Facility  
 REPORT ID NO: N J D 9 8 6 1 5 9 1 7 1 5 2 4

**INSTRUCTIONS:** Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Site name and location address. Complete A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

4. EPA ID No.

B. County Bergen

3. Site/company name

D. Has the site name associated with this EPA ID changed since 1991?

☐ 1 Yes

☒ 2 No

Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

City, town, village, etc.

|          |               |
|----------|---------------|
| G. State | Same as label |
|----------|---------------|

**H. Zip Code**  
Same as label

**II** Mailing address of site. Instruction page 10.

This facility was closed in 1993, therefore mailing address is

Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III)  
☒ 2 No (GO TO BOX B)

Number and street name of mailing address  
229 West 43rd Street

City, town, village, etc.  
New York

D. State N Y

E. Zip Code 1 0 0 3 6 -

III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

| Please print: | Last Name | First name | M.I. |
|---------------|-----------|------------|------|
|               | Pedalino  | Joseph     | S.   |

8. Title  
Director,  
Environmental  
Health & Safety

C. Telephone 212 556-1960  
Extension 1960

**IV** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under N.J.A.C. 7:26 and under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

| Please print: | Last Name | First name |    |
|---------------|-----------|------------|----|
|               | Pedalino  | Joseph     | S. |

B. Title

Director, Environmental Health & Safety

Signature 

D. Date of signature 03 11 94  
MO. DAY YR.

# Sec. V - Generator Status

EPA ID NO.

NIJID 1918161 51917 51214

## A. 1993 generator status Instruction page 10 (CHECK ONE BOX BELOW)

- ☒ 1 LQG ☐ 2 FRG ☐ 3 SQG ☐ 4 Non generator
- SKIP to SEC. VI

## B. Reason for not generating Page 12 (CHECK ALL THAT APPLY)

- ☐ 1 Never generated ☐ 5 Periodic or occasional generator  
☐ 2 Out of business ☐ 6 Waste minimization activity  
☐ 3 Only excluded or delisted waste ☐ 7 Other ((SPECIFY COMMENTS IN BOX BELOW))  
☐ 4 Only non-hazardous waste

# Sec. VI - On-Site Waste Management Status

## A. Storage subject to hazardous waste permitting requirements Instruction page 13

1

## B. Treatment, disposal, or recycling subject to hazardous waste permitting requirements Page 13

1

## C. RCRA-exempt treatment, disposal, or recycling Page 13

1

# Sec. VII - Waste Minimization Activity during 1992 or 1993

## A. Did the site begin or expand a source reduction activity during 1992 or 1993? Page 15

- ☐ 1 Yes  
☒ 2 No

## B. Did the site begin or expand a recycling activity during 1992 or 1993? Page 15

- ☐ 1 Yes  
☒ 2 No

## C. Did the site begin systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 14

- ☐ 1 Yes  
☒ 2 No

## D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993? Page 15 (CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to this specific production processes                         |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

## E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15 (CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |   | Yes                                   | No                                    |  |
|----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                                    | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production processes                  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recyclable materials  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments off site for recycling   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off site for recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additionally recycling does not appear to be economically feasible                 |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off site for recycling   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                            |                                       |   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments: Waste was generated because of remediation of groundwater contamination and RCRA clean up

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey Facility  
EPA ID NO: NIJID 91816 5971 5214FORM  
GM

1993 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before  
completing this form.

|  |  |  |   |   |   |  |
|--|--|--|---|---|---|--|
| Sec. I   |  | A. Waste description - instruction page 18.<br>Solid waste from groundwater remediation activities.  |   |   |   |  |
| B. EPA hazardous waste code Page 19.<br><u>D10118</u> <u>NI</u><br><u>NI</u> <u>NI</u> <u>NI</u>                       |  |  | C. State hazardous waste code Page 19.<br><u>C133</u> <u>NI</u> |   |   |  |
| D. SIC code<br>Page 19.<br><u>2711</u>   | E. Origin code<br>Page 19.<br>System type <u>M</u> <u>NI</u> | F. Source code<br>Page 20.<br><u>A53</u>   | G. Point of measurement<br>Page 20.<br><u>1</u>                 | H. Form code<br>Page 20.<br><u>B301</u>   | I. RCRA-radioactive<br>mixed<br>Page 20. <u>2</u> |  |
| Sec. II  |  | A. Quantity generated in 1992<br>Instruction Page 21.<br><u>0.2</u>  |   |   |   |  |
| B. Quantity generated in 1993<br>Page 21.<br><u>6.8</u>  |  | C. UOM Density<br>Page 21.<br><u>2</u> <u>1</u> lbs/gal<br><u>2</u> sg   |   | D. Did this site do any of the following<br>to the waste: treat on site, dispose on<br>site, recycle on site, or discharge to<br>a sewer/POTW? Page 21.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |   |  |
| ON-SITE PROCESS SYSTEM 1   |  | ON-SITE PROCESS SYSTEM 2   |   |   |   |  |
| On-site system type<br>Page 22.<br><u>M</u>  |  | Quantity treated, disposed or recycled<br>on site in 1993<br><u>6.8</u>  |   | On-site system type<br>Page 22.<br><u>M</u>   |   |  |
| Quantity treated, disposed or recycled<br>on site in 1993<br><u>0.2</u>  |  | Quantity treated, disposed or recycled<br>on site in 1993<br><u>6.8</u>  |   |   |   |  |
| Sec. III   |  | A. Was any of this waste shipped off-site in 1993<br>Instruction Page 23.<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV)                            |   |   |   |  |
| Site 1 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>NIJID</u> <u>10102</u> <u>2010</u> <u>0146</u> |  | C. System type shipped<br>to Page 23.<br><u>M141</u>   |   | D. Off-site availability<br>code Page 23.<br><u>1</u>   |   |  |
| E. total quantity shipped in<br><u>6.8</u>   |  | <u>0</u>   |   |   |   |  |
| Site 2 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>NIJID</u> <u>10102</u> <u>2010</u> <u>0146</u> |  | C. System type shipped<br>to Page 23.<br><u>M</u>  |   | D. Off-site availability<br>code Page 23.<br><u>1</u>   |   |  |
| E. total quantity shipped in<br><u>6.8</u>   |  | <u>0</u>   |   |   |   |  |
| Sec. IV  |  | A. Did new activities in 1993 result in minimization of this waste:<br>Instruction Page 23.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |   |  |
| B. Activity Page 24.<br><u>W</u> <u>W</u>  |  | C. Other effects<br>Page 24.<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No  |   | D. Quantity recycled in 1993 due to<br>new activities Page 25.<br><u>0</u>  |   |  |
| E. Activity/<br>production<br>index<br>Page 24.<br><u>0</u>  |  | F. 1993 source reduction quantity<br>Page 26.<br><u>0</u>  |   |   |   |  |

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1687730             | 6/28/93             |
| NJA1687732             | 6/28/93             |
| NJA1687734             | 6/28/93             |
| NJA1687735             | 6/30/93             |

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey Facility  
EPA ID NO: NJID 91816 1597 5214FORM  
GM

1993 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before  
completing this form.

|                                      |  |  |                            |  |  |  |  |  |                                     |  |  |                          |  |  |  |  |  |
|--------------------------------------|--|--|----------------------------|--|--|--|--|--|-------------------------------------|--|--|--------------------------|--|--|--|--|--|
| Sec. I                               |  |  |                            |  |  | A. Waste description - Instruction page 18.<br>Liquid waste from groundwater remediation activities. |  |  |                                     |  |  |                          |  |  |  |  |  |
| B. EPA hazardous waste code Page 19. |  |  |                            |  |  | C. State hazardous waste code Page 19.   |  |  |                                     |  |  |                          |  |  |  |  |  |
| D. SIC code<br>Page 19.              |  |  | E. Origin code<br>Page 19. |  |  | F. Source code<br>Page 20.   |  |  | G. Point of measurement<br>Page 20. |  |  | H. Form code<br>Page 20. |  |  | I. RCRA-radioactive<br>mixed<br>Page 20. |  |  |
| 2711                                 |  |  | 2NA                        |  |  | A53  |  |  | 1                                   |  |  | B2105                    |  |  | 2  |  |  |

|         |  |  |  |   |  |                            |  |   |  |
|---------|--|--|--|---|--|----------------------------|--|---|--|
| Sec. II |  | A. Quantity generated<br>in 1992<br>Instruction Page 21. |  | B. Quantity generated in 1993<br>Page 21. |  | C. UOM Density<br>Page 21. |  | D. Did this site do any of the following<br>to the waste: treat on site, dispose on<br>site, recycle on site, or discharge to<br>a sewer/POTW? Page 21. |  |
|         |  | 3969.0   |  | 870.0                                     |  | 5 8.34                     |  | <input checked="" type="checkbox"/> 1 lbs/gal<br><input type="checkbox"/> 2 sg  |  |
|         |  |  |  |   |  |                            |  | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                                    |  |

## ON-SITE PROCESS SYSTEM 1

On-site system type  
Page 22  
MQuantity treated, disposed or recycled  
on site in 1993

## ON-SITE PROCESS SYSTEM 2

On-site system type  
Page 22  
MQuantity treated, disposed or recycled  
on site in 1993Sec. III A. Was any of this waste shipped off-site in 1993  
Instruction Page 23. ☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

|   |  |                                       |  |  |  |
|---|--|---------------------------------------|--|--|--|
| Site 1 B. EPA ID No. of facility waste was shipped to<br>Page 23. |  | C. System type shipped<br>to Page 23. |  | D. Off-site availability E. total quantity shipped in<br>code Page 23. |  |
| NJID 0012 21010 0146  |  | M141                                  |  | 1 870.0  |  |
| Site 2 B. EPA ID No. of facility waste was shipped to<br>Page 23. |  | C. System type shipped<br>to Page 23. |  | D. Off-site availability E. total quantity shipped in<br>code Page 23. |  |
|   |  | M                                     |  |  |  |

Sec. IV A. Did new activities in 1993 result in minimization of this waste:  
Instruction Page 23. ☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (THIS FORM IS COMPLETE)

|                      |  |   |  |  |  |   |  |   |  |
|----------------------|--|---|--|--|--|---|--|---|--|
| B. Activity Page 24. |  | C. Other effects<br>Page 24.                                    |  | D. Quantity recycled in 1993 due to<br>new activities Page 25. |  | E. Activity/<br>production<br>index<br>Page 24. |  | F. 1993 source reduction quantity<br>Page 26. |  |
| W W                  |  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |  |  |  |   |  |   |  |

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1687733             | 6/28/93             |
| NJA1717112             | 12/29/93            |

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey FacilityEPA ID NO: NIJID 191816 5971 524

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before  
completing this form.Sec. I A. Waste description - instruction page 18.  
Waste from ISRA cleanup activities.

B. EPA hazardous waste code Page 19.

D 0 1 0 1 N AN A N A N A

C. State hazardous waste code Page 19.

N A N AD. SIC code  
Page 19.2 7 1 1E. Origin code  
Page 19.System type M N AF. Source code  
Page 20.A 5 6G. Point of measurement  
Page 20.1H. Form code  
Page 20.B 1 2 1 0 5I. RCRA-radioactive  
mixed  
Page 20.2Sec. II A. Quantity generated  
in 1992  
Instruction Page 21.0 0B. Quantity generated in 1993  
Page 21.6 1 7 0C. UOM Density  
Page 21.1☐ 1 lbs/gal  
☐ 2 sgD. Did this site do any of the following  
to the waste: treat on site, dispose on  
site, recycle on site, or discharge to  
a sewer/POTW? Page 21.☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site system type  
Page 22.MQuantity treated, disposed or recycled  
on site in 19930 0 0 0 0 0 0 0 0 0On-site system type  
Page 22.MQuantity treated, disposed or recycled  
on site in 19930 0 0 0 0 0 0 0 0 0Sec. III A. Was any of this waste shipped off-site in 1993 ☒ 1 Yes (CONTINUE TO BOX B)  
Instruction Page 23. ☐ 2 No (SKIP TO SEC. IV)Site 1 B. EPA ID No. of facility waste was shipped to  
Page 23.NIJID 10102 121010 01416C. System type shipped  
to Page 23.M 1 4 1D. Off-site availability  
code Page 23.1E. total quantity shipped in  
code Page 23.6 1 7 0Site 2 B. EPA ID No. of facility waste was shipped to  
Page 23.C. System type shipped  
to Page 23.MD. Off-site availability  
code Page 23.1E. total quantity shipped in  
code Page 23.0 0 0 0 0 0 0 0 0 0Sec. IV A. Did new activities in 1993 result in minimization of this waste: ☐ 1 Yes (CONTINUE TO SYSTEM 1)  
Instruction Page 23. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W WW WC. Other effects  
Page 24.☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1993 due to  
new activities Page 25.0 0 0 0 0 0 0 0 0 0E. Activity/  
production  
index  
Page 24.0 0 0 0 0 0 0 0 0 0F. 1993 source reduction quantity  
Page 26.0 0 0 0 0 0 0 0 0 0

Comments:



Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1717366             | 7/8/93              |
| NJA1527539             | 5/14/93             |

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey Facility  
EPA ID NO: NJID 91816 1597 1524

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

## Sec. I

A. Waste description - instruction page 18.

Waste from ISRA cleanup activities.

B. EPA hazardous waste code Page 19.

D 0 0 1D 0 0 8  N A  N A  N A

C. State hazardous waste code Page 19.

C 3 0 6    N A

D. SIC code

Page 19.

2 7 1 1

E. Origin code

Page 19.

2System type M  N A

F. Source code

Page 20.

A 5 6

G. Point of measurement

Page 20.

1

H. Form code

Page 20.

B 2 0 5

I. RCRA-radioactive

mixed

Page 20.

2

## Sec. II

A. Quantity generated  
in 1992

Instruction Page 21.

0 0

B. Quantity generated in 1993

Page 21.

1 5 0 0

C. UOM Density

Page 21.

5 8 3 4☒ 1 lbs/gal  
☐ 2 sgD. Did this site do any of the following  
to the waste: treat on site, dispose on  
site, recycle on site, or discharge to  
a sewer/POTW? Page 21.☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site system type  
Page 22M  Quantity treated, disposed or recycled  
on site in 1993         On-site system type  
Page 22M  Quantity treated, disposed or recycled  
on site in 1993         

## Sec. III

A. Was any of this waste shipped off-site in 1993  
Instruction Page 23.☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)Site 1 B. EPA ID No. of facility waste was shipped to  
Page 23.N J I D 0 0 2 2 0 0 0 4 6C. System type shipped  
to Page 23.M 1 4 1D. Off-site availability E. total quantity shipped in  
code Page 23.11 5 0 0Site 2 B. EPA ID No. of facility waste was shipped to  
Page 23.            C. System type shipped  
to Page 23.M  D. Off-site availability E. total quantity shipped in  
code Page 23.         

## Sec. IV

A. Did new activities in 1993 result in minimization of this waste:  
Instruction Page 23.☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W  W  W  W  C. Other effects  
Page 24.☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1993 due to  
new activities Page 25.         E. Activity/  
production  
index  
Page 24.         F. 1993 source reduction quantity  
Page 26.         

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number

Date Shipped

NJA123456

01/01/93

NJA123457

12/31/93

---

Document Number

Date Shipped

NJA1527539

5/14/93

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York TimesCarlstadt, New Jersey FacilityEPA ID NO: NJID 191816 1597 524

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - instruction page 18.  
Waste from ISRA cleanup activities.

B. EPA hazardous waste code Page 19.

D 0102 1 1 N A1 1 N A 1 1 N A

C. State hazardous waste code Page 19.

1 1 N A 1 1 N A

D. SIC code

Page 19.

2 7 1 1

E. Origin code

Page 19.

System type M 1 N A

F. Source code

Page 20.

A 5 6

G. Point of measurement

Page 20.

1

H. Form code

Page 20.

B 1 1 0

I. RCRA-radioactive

mixed

Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21.

0 0

B. Quantity generated in 1993 Page 21.

3 0 7 0 0

C. UOM Density Page 21.

5 8 13 4☒ 1 lbs/gal  
☐ 2 sg

D. Did this site do any of the following to the waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site system type

Page 22.

M 1 1 1 1 1 1 1 1 1

Quantity treated, disposed or recycled on site in 1993

1 1 1 1 1 1 1 1 1 1

On-site system type

Page 22.

M 1 1 1 1 1 1 1 1 1

Quantity treated, disposed or recycled on site in 1993

1 1 1 1 1 1 1 1 1 1

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction Page 23.

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 23.

NJID 10102 121010 10416

C. System type shipped to Page 23.

M 1 4 1

D. Off-site availability

code Page 23.

1

E. total quantity shipped in

3 0 7 0 0

Site 2 B. EPA ID No. of facility waste was shipped to Page 23.

1 1 1 1 1 1 1 1 1 1

C. System type shipped to Page 23.

M 1 4 1

D. Off-site availability

code Page 23.

1

E. total quantity shipped in

1 1 1 1 1 1 1 1 1 1

Sec. IV A. Did new activities in 1993 result in minimization of this waste: Instruction Page 23.

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W 1 1 1 1 1 1 1 1 1 1W 1 1 1 1 1 1 1 1 1 1

C. Other effects Page 24.

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1993 due to new activities Page 25.

1 1 1 1 1 1 1 1 1 1

E. Activity/production index Page 24.

1 1 1 1 1 1 1 1 1 1

F. 1993 source reduction quantity Page 26.

1 1 1 1 1 1 1 1 1 1

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1246914             | 7/8/93              |
| NJA1717364             | 7/8/93              |
| NJA1527541             | 5/14/93             |

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey FacilityEPA ID NO: NIJID 191816 15971 524FORM  
GM

1993 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before  
completing this form.

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| Sec. I  | A. Waste description - instruction page 18.<br>Waste from ISRA cleanup activities. |  |   |   |   |  |
| B. EPA hazardous waste code Page 19.<br><u>D10102</u> <u>D10108</u><br><u>1</u> <u>1</u> <u>NI</u> <u>A</u> <u>1</u> <u>1</u> <u>NI</u> <u>A</u> <u>1</u> <u>1</u> <u>NI</u> <u>A</u> |  |  | C. State hazardous waste code Page 19.<br><u>IC306</u> <u>1</u> <u>1</u> <u>NI</u> <u>A</u> |   |   |  |
| D. SIC code<br>Page 19.<br><u>2711</u>  | E. Origin code<br>Page 19.<br>System type <u>M</u> <u>NI</u> <u>A</u>              | F. Source code<br>Page 20.<br><u>A56</u> | G. Point of measurement<br>Page 20.<br><u>1</u>   | H. Form code<br>Page 20.<br><u>B106</u> | I. RCRA-radioactive<br>mixed<br>Page 20. <u>2</u> |  |

|         |  |   |  |   |
|---------|--|---|--|---|
| Sec. II | A. Quantity generated<br>in 1992<br>Instruction Page 21.<br><u>0.0</u> | B. Quantity generated in 1993<br>Page 21.<br><u>200.0</u> | C. UOM Density<br>Page 21.<br><u>5</u> <u>8.34</u><br><input checked="" type="checkbox"/> 1 lbs/gal<br><input type="checkbox"/> 2 sg | D. Did this site do any of the following<br>to the waste: treat on site, dispose on<br>site, recycle on site, or discharge to<br>a sewer/POTW? Page 21.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
|---------|--|---|--|---|

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site system type  
Page 22. M  
Quantity treated, disposed or recycled  
on site in 1993 1On-site system type  
Page 22. M  
Quantity treated, disposed or recycled  
on site in 1993 1

|          |   |
|----------|---|
| Sec. III | A. Was any of this waste shipped off-site in 1993<br>Instruction Page 23.<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |
|----------|---|

|        |   |  |   |  |
|--------|---|--|---|--|
| Site 1 | B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>NIJID</u> <u>10102</u> <u>21010</u> <u>0146</u>  | C. System type shipped<br>to Page 23.<br><u>M141</u> | D. Off-site availability<br>code Page 23.<br><u>1</u> | E. total quantity shipped in<br>code Page 23.<br><u>2101010</u>  |
| Site 2 | B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> | C. System type shipped<br>to Page 23.<br><u>M</u>    | D. Off-site availability<br>code Page 23.<br><u>1</u> | E. total quantity shipped in<br>code Page 23.<br><u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Sec. IV                                   | A. Did new activities in 1993 result in minimization of this waste: <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br>Instruction Page 23. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |  |  |  |
| B. Activity Page 24.<br><u>W</u> <u>W</u> | C. Other effects<br>Page 24.<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No  | D. Quantity recycled in 1993 due to<br>new activities Page 25.<br><u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> | E. Activity/<br>production<br>index<br>Page 24.<br><u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> | F. 1993 source reduction quantity<br>Page 26.<br><u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> |  |

Comments:

Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number

Date Shipped

NJA123456

01/01/93

NJA123457

12/31/93

---

Document Number

Date Shipped

NJA1527540

5/14/93





Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1717364             | 7/8/93              |

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGY

1993 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, New Jersey Facility  
EPA ID NO: NIJID 191816 1597 524

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

|   |  |  |   |  |   |  |
|---|--|--|---|--|---|--|
| Sec. I A. Waste description - instruction page 18.<br>Waste from ISRA Cleanup Activities. |  |  |   |  |   |  |
| B. EPA hazardous waste code Page 19.<br><u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u> |  |  |   | C. State hazardous waste code Page 19.<br><u>X 7 2 5</u> <u>NA</u> |   |  |
| D. SIC code<br>Page 19.<br><u>2711</u>  | E. Origin code<br>Page 19.<br>System type <u>M</u> <u>NA</u> | F. Source code<br>Page 20.<br><u>A 5 6</u> | G. Point of measurement<br>Page 20.<br><u>1</u> | H. Form code<br>Page 20.<br><u>B 3 0 1</u>                         | I. RCRA-radioactive<br>mixed<br>Page 20. <u>2</u> |  |

|  |  |   |   |
|--|--|---|---|
| Sec. II A. Quantity generated<br>in 1992<br>Instruction Page 21.<br><u>0.0</u> | B. Quantity generated in 1993<br>Page 21.<br><u>2051.0</u> | C. UOM Density<br>Page 21.<br><u>1</u><br><input type="checkbox"/> 1 lbs/gal<br><input type="checkbox"/> 2 sg | D. Did this site do any of the following<br>to the waste: treat on site, dispose on<br>site, recycle on site, or discharge to<br>a sewer/POTW? Page 21.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
|--|--|---|---|

## ON-SITE PROCESS SYSTEM 1

On-site system type M Quantity treated, disposed or recycled  
Page 22. on site in 1993                     

## ON-SITE PROCESS SYSTEM 2

On-site system type M Quantity treated, disposed or recycled  
Page 22. on site in 1993                     Sec. III A. Was any of this waste shipped off-site in 1993 ☒ 1 Yes (CONTINUE TO BOX B)  
Instruction Page 23. ☐ 2 No (SKIP TO SEC. IV)

|   |   |  |   |
|---|---|--|---|
| Site 1 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>NIJID</u> <u>0002</u> <u>2000</u> <u>0046</u> | C. System type shipped<br>to Page 23.<br><u>M 1 4 1</u> | D. Off-site availability<br>code Page 23.<br><u>1</u>                    | E. total quantity shipped in<br><u>2051.0</u>               |
| Site 2 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>                    </u>                      | C. System type shipped<br>to Page 23.<br><u>M</u>       | D. Off-site availability<br>code Page 23.<br><u>                    </u> | E. total quantity shipped in<br><u>                    </u> |

Sec. IV A. Did new activities in 1993 result in minimization of this waste: ☐ 1 Yes (CONTINUE TO SYSTEM 1)  
Instruction Page 23. ☒ 2 No (THIS FORM IS COMPLETE)

|   |   |   |  |  |
|---|---|---|--|--|
| B. Activity Page 24.<br><u>W</u> <u>W</u> | C. Other effects<br>Page 24.<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No | D. Quantity recycled in 1993 due to<br>new activities Page 25.<br><u>                    </u> | E. Activity/<br>production<br>index<br>Page 24.<br><u>                    </u> | F. 1993 source reduction quantity<br>Page 26.<br><u>                    </u> |
|---|---|---|--|--|

Comments:

Attachment:

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

Document Number

Date Shipped

NJA123456

01/01/93

NJA123457

12/31/93

---

Document Number

Date Shipped

NJA1717366

7/8/93

NJA1527540

5/14/93



Attachment

Attach a list of hazardous waste manifests for this form. The list must include the uniform hazardous waste manifest document number and the date of the shipment. The back of Form GM may be used for this purpose.

Example:

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA123456              | 01/01/93            |
| NJA123457              | 12/31/93            |

---

| <u>Document Number</u> | <u>Date Shipped</u> |
|------------------------|---------------------|
| NJA1527538             | 5/11/93             |
| NJA1527540             | 5/14/93             |
| NJA1527544             | 5/20/93             |

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: The New York Times  
Carlstadt, New Jersey Facility

EPA ID NO: N J D 9 8 6 5 9 7 5 2 4

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
AND ENERGY

1993 Hazardous Waste Report

FORM  
OI

OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

|  |   |   |
|--|---|---|
| Site 1   | A. EPA ID No. of off-site installation or transporter<br><u>N J D 9 8 2 2 8 1 0 1 6</u> | B. Name of off-site installation or transporter<br><u>Clean Venture, Inc.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)  | D. Address of generator<br>Street <u>N/A</u><br>City _____<br>State _____ Zip _____     |   |
| <input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR |   |   |

|  |   |  |
|--|---|--|
| Site 2   | A. EPA ID No. of off-site installation or transporter<br><u>N J D 0 0 0 8 1 3 4 7 7</u> | B. Name of off-site installation or transporter<br><u>Nappi Trucking Corp.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)  | D. Address of generator<br>Street <u>N/A</u><br>City _____<br>State _____ Zip _____     |  |
| <input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR |   |  |

|  |   |   |
|--|---|---|
| Site 3   | A. EPA ID No. of off-site installation or transporter<br><u>P A D 9 8 7 2 8 4 1 7 1</u> | B. Name of off-site installation or transporter<br><u>KEI Industrial Services</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)  | D. Address of generator<br>Street <u>N/A</u><br>City _____<br>State _____ Zip _____     |   |
| <input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR |   |   |

|   |  |   |
|---|--|---|
| Site 4  | A. EPA ID No. of off-site installation or transporter<br><u>N J D 0 8 4 0 4 4 0 6 4</u>  | B. Name of off-site installation or transporter<br><u>Lionetti Oil Recovery Co., Inc.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)   | D. Address of generator<br>Street <u>Cheesequake &amp; Rynon Road</u><br>City <u>Old Bridge</u><br>State <u>N J</u> Zip <u>0 8 1 5 7</u> |   |
| <input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR |  |   |

|  |   |  |
|--|---|--|
| Site 5   | A. EPA ID No. of off-site installation or transporter<br><u>N J D 0 0 2 2 0 0 0 4 6</u>   | B. Name of off-site installation or transporter<br><u>Cycle Chem, Inc.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)  | D. Address of generator<br>Street <u>217 South First Street</u><br>City <u>Elizabeth</u><br>State <u>N J</u> Zip <u>0 7 2 0 6</u> |  |
| <input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR |   |  |

Comments:



# CYCLE CHEM

RECYCLING TREATMENT & DISPOSAL OF HAZARDOUS WASTE

217 SOUTH FIRST STREET  
ELIZABETH, NJ 07206  
(908) 355-5800

## MATERIAL PROFILE SHEETS

PRODUCT CODE \_\_\_\_\_  
PROCESS CODE \_\_\_\_\_

### A. GENERATOR INFORMATION

GENERATOR US EPA I.D. NJID 986597534

28205

GENERATOR STATE I.D. \_\_\_\_\_

GENERATOR NAME THE NY TIMES

BILLING ADDRESS IF DIFFERENT BIGLER RES. INC.

MAILING ADDRESS 3003 WOODBRIDGE AVE.

P.O. BOX 261

EDISON - NJ 08837

KIDGEEFIELD PARK - NJ 07660

CONTACT DAN ALESSANDRO

TECHNICAL CONTACT DAN ALESSANDRO

TITLE PROJECT MGR.

PHONE 201-836-4524

SITE ADDRESS 600 WASHINGTON AVE. - CARLESTAD - NJ

NAME OF WASTE GASOLINE / WATER

PROCESS GENERATING WASTE GROUND WATER REMEDIATION

### B. PHYSICAL CHARACTERISTICS OF WASTE

COLOR/VISUAL DESCRIPTION BROWNISH LIQUID

STRONG INCIDENTAL ☒ YES

ODOR PRESENT? ☐ NO

PHYSICAL STATE @ 70°F

☐ SOLID

☐ SINGLE PHASE

☒ LIQUID

☒ BI-LAYERED

☐ POWDER

☐ MULTI-LAYERED

☒ SEMI-SOLID

☐ SLUDGE

DUMPABLE?

☒ YES

☐ NO

Pumpable?

☒ YES

☐ NO

Pourable?

☒ YES

☐ NO

☐ WASTEWATER

☒ NONWASTEWATER

DESCRIBE GASOLINE

CORROSIVITY (pH)

☐ ≤ 2.0

☐ 9.01-12.49

☐ 2.01-5

☐ ≥ 12.50

☒ 5.01-9

☐ EXACT pH \_\_\_\_\_

SPECIFIC GRAVITY

☐ < .8

☐ 1.2-1.4

☒ .8-1.0

☐ 1.4-1.7

☐ 1.0-1.2

☐ > 1.7

☐ EXACT \_\_\_\_\_

FLASH POINT

☐ < 70°F

☐ > 200°F

☒ 70°F - 100°F

☐ NO FLASH

☐ 101°F - 139°F

☐ EXACT \_\_\_\_\_

☐ 140°F - 200°F

IGNITABLE (if solid)

☐ YES

☐ NO

☐ CLOSED CUP

☐ OPEN CUP

LIQUID/SOLID

% Total Solids \_\_\_\_\_

% Suspended Solids 1-5

% Dissolved Solids \_\_\_\_\_

% Free Liquids 95-99

### C. OTHER HAZARDOUS CHARACTERISTICS

INDICATE IF THIS WASTE IS:

☐ RCRA REACTIVE

☐ WATER REACTIVE

☐ RADIOACTIVE

☐ OXIDIZING MATERIAL

☐ PYROPHORIC

☐ SUBJECT TO NESHAP SUBPART FF

BENZENE REGULATIONS

☐ ETIOLOGICAL

☐ PESTICIDE MANUFACTURING WASTE

☐ EXPLOSIVE/SHOCK SENSITIVE

☒ NONE OF THE ABOVE

SPECIAL HANDLING CONSIDERATIONS

PORT

### D. CHEMICAL COMPOSITION

1.

RANGE  
MIN.-MAX.

85-95 %

1-10 %

1-5 %

- %

- %

- %

- %

- %

- %

- %

TOTAL (MUST BE ≥ 100%) \_\_\_\_\_ %

2. INDICATE IF THIS WASTE CONTAINS ANY OF THE FOLLOWING:

NONE or LESS THAN or ACTUAL

PCB's ☒ ☐ < 50 ppm \_\_\_\_\_ ppm

Cyanides ☒ ☐ < 250 ppm \_\_\_\_\_ ppm

Phenolics ☒ ☐ < 50 ppm \_\_\_\_\_ ppm

Sulfides ☒ ☐ < 500 ppm \_\_\_\_\_ ppm

☐ MSDS ATTACHED

☐ SUPPLEMENTAL ANALYSIS ATTACHED

DESCRIBE: \_\_\_\_\_

ALL CHEMICALS LISTED ON MSDS MUST BE INCLUDED IN THIS SECTION.

ALSO LIST ALL SUBSTANCES REGULATED UNDER  
OSHA 1910.1000, SUBPART Z.

NO. OF PAGES ATTACHED: \_\_\_\_\_

## E. METALS/ORGANICS (mg/kg or ppm)

| METAL                             | EP TOX<br>EPA CODE | LESS<br>THAN                     | ACTUAL | METAL                    | EP TOX<br>EPA CODE | LESS<br>THAN                               | ACTUAL |
|-----------------------------------|--------------------|----------------------------------|--------|--------------------------|--------------------|--|--------|
| Arsenic                           | D004               | <input type="checkbox"/> < 5.0   |        | Hexachlorobenzene        | D032               | <input checked="" type="checkbox"/> < 0.13 |        |
| Barium                            | D005               | <input type="checkbox"/> < 100   |        | Hexachloro-1,3-butadiene | D033               | <input type="checkbox"/> < 0.5             |        |
| Benzene                           | D018               | <input type="checkbox"/> < 0.5   | 20.5   | Hexachloroethane         | D034               | <input type="checkbox"/> < 3.0             |        |
| Cadmium                           | D006               | <input type="checkbox"/> < 1.0   |        | Lead                     | D008               | <input type="checkbox"/> < 5.0             |        |
| Carbon tetrachloride              | D019               | <input type="checkbox"/> < 0.5   |        | Lindane                  | D013               | <input type="checkbox"/> < 0.4             |        |
| Chlordane                         | D020               | <input type="checkbox"/> < 0.03  |        | Mercury                  | D009               | <input type="checkbox"/> < 0.2             |        |
| Chlorobenzene                     | D021               | <input type="checkbox"/> < 100.0 |        | Methoxychlor             | D014               | <input type="checkbox"/> < 10.0            |        |
| Chloroform                        | D022               | <input type="checkbox"/> < 6.0   |        | Methyl ethyl ketone      | D035               | <input type="checkbox"/> < 200.0           |        |
| Chromium                          | D007               | <input type="checkbox"/> < 5.0   |        | Nitrobenzene             | D036               | <input type="checkbox"/> < 2.0             |        |
| o-Cresol                          | D023               | <input type="checkbox"/> < 200.0 |        | Pentachlorophenol        | D037               | <input type="checkbox"/> < 100.0           |        |
| m-Cresol                          | D024               | <input type="checkbox"/> < 200.0 |        | Pyridine                 | D038               | <input type="checkbox"/> < 5.0             |        |
| p-Cresol                          | D025               | <input type="checkbox"/> < 200.0 |        | Selenium                 | D010               | <input type="checkbox"/> < 1.0             |        |
| Cresol                            | D026               | <input type="checkbox"/> < 200.0 |        | Silver                   | D011               | <input type="checkbox"/> < 5.0             |        |
| 2,4-D                             | D016               | <input type="checkbox"/> < 10.0  |        | Tetrachloroethylene      | D039               | <input type="checkbox"/> < 0.7             |        |
| 1,4-Dichlorobenzene               | D027               | <input type="checkbox"/> < 7.5   |        | Toxaphene                | D015               | <input type="checkbox"/> < 0.5             |        |
| 1,2-Dichloroethane                | D028               | <input type="checkbox"/> < 0.5   |        | Trichloroethylene        | D040               | <input type="checkbox"/> < 0.5             |        |
| 1,1-Dichloroethylene              | D029               | <input type="checkbox"/> < 0.7   |        | 2,4,5-Trichlorophenol    | D041               | <input type="checkbox"/> < 400.0           |        |
| 2,4-Dinitrotoluene                | D030               | <input type="checkbox"/> < 0.13  |        | 2,4,6-Trichlorophenol    | D042               | <input type="checkbox"/> < 2.0             |        |
| Endrin                            | D012               | <input type="checkbox"/> < 0.02  |        | 2,4,5-TP (Silvex)        | D017               | <input type="checkbox"/> < 1.0             |        |
| Heptachlor<br>(and its hydroxide) | D031               | <input type="checkbox"/> < 0.008 |        | Vinyl chloride           | D043               | <input type="checkbox"/> < 0.2             |        |

☐ EP TOX ☐ TCLP ☐ TOTAL
F. LIQUID WASTE CHARACTERISTICS  
Fuels and WWT Candidates

ORGANIC PHASE \_\_\_\_\_ %  
 + AQUEOUS PHASE \_\_\_\_\_ % = 100%

RANGE

HEAT VALUE \_\_\_\_\_ BTU/lb

TOTAL HALOGENS \_\_\_\_\_ % \_\_\_\_\_ mg/l

ASH CONTENT \_\_\_\_\_ %

% SULFUR ☐ < 0.5% \_\_\_\_\_ %

BS&W \_\_\_\_\_ %

WATER CONTENT \_\_\_\_\_ %

VISCOSITY (cps) \_\_\_\_\_ % \_\_\_\_\_ °F

TOC \_\_\_\_\_ mg/l

COD \_\_\_\_\_ mg/l

BOD \_\_\_\_\_ mg/l

OIL & GREASE \_\_\_\_\_ mg/l

TOX \_\_\_\_\_ mg/l

HOC \_\_\_\_\_ mg/l

## G. SHIPPING/MANIFEST INFORMATION

PLEASE ADVISE

## SHIPMENT METHOD

☐ BULK LIQUID ☐ OTHER (SPECIFY) \_\_\_\_\_

☐ BULK SOLID

☐ DT ☐ RO

☒ DRUM (SIZE) 55 GAL. DES.

 ANTICIPATED VOLUME ☐ GALS. ☒ DRUMS

6-7 ☐ TONS ☐ CUBIC YDS.

(QUANTITY)

PER

☐ ONE TIME

☐ QUARTER

☒ YEAR
TRANSPORTER: CLEAN-VENTURE, INC.TRANSPORTER PHONE/CONTACT: 908-355-5800

TRANSPORTER USEPA I.D. \_\_\_\_\_

## REGULATORY INFORMATION

USEPA HAZARDOUS WASTE? ☐ YES ☐ NO

USEPA HAZARDOUS CODE(S) \_\_\_\_\_

APPLICABLE SUBCATEGORIES \_\_\_\_\_

STATE HAZARDOUS WASTE? ☐ YES ☐ NO

STATE CODE(S) \_\_\_\_\_

D.O.T. HAZARDOUS WASTE? ☐ YES ☐ NO

PROPER SHIPPING NAME \_\_\_\_\_

CLASS \_\_\_\_\_ I.D. NO. \_\_\_\_\_ P.G. \_\_\_\_\_ R.Q. \_\_\_\_\_

## H. WASTE CERTIFICATION

- Does this waste material contain polychlorinated biphenyls? YES \_\_\_\_\_ NO ☒
- Does this waste material contain herbicides or pesticides as described in the 40 CFR Part 261.24 Table #1, Waste Nos. D012-D017? YES \_\_\_\_\_ NO ☒
- Does this waste material contain or ever contain the listed "spent" solvents which would classify the waste as any or all EPA Waste Nos. F001, F002, F003, F004, F005 as per 40 CFR Part 261.31? YES \_\_\_\_\_ NO ☒
- Does this waste material contain leachable levels of any of the metals covered by EPA Waste Nos. D004 thru D011 as per 40 CFR Part 261.24? YES \_\_\_\_\_ NO ☒
- Does this waste contain any dioxins as specified by 40 CFR Part 261.31 Waste Nos. F020, F021, F022, F023, F026, F027, F028? YES \_\_\_\_\_ NO ☒
- Is this waste material a "California List" waste, as per 40 CFR Part 268.32? YES \_\_\_\_\_ NO ☒ PCB  $\geq$  50 N.  $\geq$  134
- Does this waste material contain D018-D043 as per 40 CFR Part 261.24? YES ☒ NO \_\_\_\_\_ HOC  $\geq$  1000 T.  $\geq$  130
- Does this waste material contain "U", "K" or "P" wastes as defined per 40 CFR Part 261.32 and 261.33? YES \_\_\_\_\_ NO ☒
- Is this waste considered non-hazardous by USEPA standard? YES \_\_\_\_\_ NO ☒
- Does this waste contain any constituents listed under EPA waste # F039 at or above the treatment standards? YES \_\_\_\_\_ NO ☒ (If yes, list constituents in section D)

AFTER COMPLETION OF QUESTIONS 1 THROUGH 10 PLEASE INITIAL X [Signature]

## GENERATOR CERTIFICATION

I hereby certify that all information submitted in this and all attached documents is complete, contains true and accurate descriptions and is representative of the waste material, and that all relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

If CYCLE CHEM discovers, after having taken delivery of the waste, that any waste does not conform to the identification and description on the MPS, then CYCLE CHEM shall provide notice of such condition to the Generator and coordinate the return of the nonconforming waste to the point of origin as set forth on the manifest or to such other locations designated in writing by the Generator. Generator agrees to reimburse CYCLE CHEM for all handling, packaging, clean up and transportation costs or charges, damage to equipment, and costs associated with lost time incurred by CYCLE CHEM during the receipt, handling, temporary storage and return of such nonconforming waste to point of origin or to such other location designated by Generator.

I hereby authorize CYCLE CHEM to amend and/or correct any information on the MPS with the full understanding that if any amendment or correction is performed, I will be contacted as such to issue my approval.

Authorized Signature

Name (Print or Type)

Title

Date





## SPENT CARBON PROFILE FORM

For Office Use Only

|      |               |                |
|------|---------------|----------------|
| ISR: | APPROVAL NO.: | VALID THROUGH: |
| O&R: |               |                |

## A. GENERATOR INFORMATION

|   |  |                                  |
|---|--|----------------------------------|
| 1. Generator: <u>NV TIMES, INC</u>  | 1A. Generator Fax:                                 |                                  |
| 2. U.S. EPA ID NO.: <u>NT0936597524</u>                                     | 3. State ID NO.: <u>NT0001779 (NJPCS PERMIT #)</u> |                                  |
| 4. Generator Mailing Address: <u>3003 WOOD BRIDGE AVE. EDISON, NJ 08837</u> |  |                                  |
| 5. Generator Mailing Contact: <u>GLENN D. HULMES</u>                        | 6. Title: <u>MAINT. MANAGER</u>                    | 7. Phone: <u>(908) 603-4096</u>  |
| 8. Generator Site Address: <u>600 WASHINGTON AVE. CARLSTADT, NJ 07072</u>   |  |                                  |
| 9. Generator Site Contact: <u>DANIEL ALESSANDRO</u>                         | 10. Title:   | 11. Phone: <u>(201) 296-0712</u> |
| 12. Consulting Firm & Address: <u>BIGLER ASSOCIATES INC.</u>                |  |                                  |
| 13. Consulting Firm Contact: <u>DANIEL ALESSANDRO</u>                       | 14. Title: <u>VP</u>                               | 15. Phone: <u>(201) 296-0712</u> |

## B. PROPERTIES AND COMPOSITION

|   |  |           |              |                |           |
|---|--|-----------|--------------|----------------|-----------|
| 1. Description of specific process generating the spent carbon (If additional space is needed, use Addendum "B"):   |  |           |              |                |           |
| <u>GROUND WATER REMEDIATION SYSTEM - GASOLINE SPILL</u>   |  |           |              |                |           |
| 2. Type of Carbon: <input checked="" type="checkbox"/> Aqua <input type="checkbox"/> Vapor  | 3. WCAS carbon <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES   |           |              |                |           |
| 4. Chemical Composition: Below, list all constituents present in any concentration (must include halogen, lead, mercury & sulfur content & heating value). Attach additional sheets if necessary. |  |           |              |                |           |
| CONSTITUENT:  | CONCENTRATION:   | UNIT/PPM: | CONSTITUENT: | CONCENTRATION: | UNIT/PPM: |
| <u>TERT. BUTYL ALCOHOL</u>  |  |           |              |                |           |
|   |  |           |              |                |           |
|   |  |           |              |                |           |
|   |  |           |              |                |           |
| 5. Indicate analysis from: <input checked="" type="checkbox"/> Influent Stream <input type="checkbox"/> Spent Carbon  | 15. ADDITIONAL ANALYSIS - If present, list concentration (PPM):  |           |              |                |           |
| 6. Is analysis attached: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes PCB's  |           |              |                |           |
| 7. Free liquid range for Aqua phase carbon only:  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Pyrophoric <input type="checkbox"/> No <input type="checkbox"/> Yes Other metals                     |           |              |                |           |
| 8. Strong Odor: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Describe:   | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Explosive (if yes, per attached results)   |           |              |                |           |
| 9. pH Range: <u>(6.5) TO (7.5)</u>  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Radioactive <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Dibromochloropropane |           |              |                |           |
| 10. Ignitable: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Flashpoint: <u>NA</u>  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infectious <input type="checkbox"/> No <input type="checkbox"/> Yes Other                            |           |              |                |           |
| 11. Foreign Material: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <u>SILT</u>   | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Shock sensitivity  |           |              |                |           |
| 12. Total No. of Filters used in treatment systems: <u>2</u>  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Oxidizer   |           |              |                |           |
| 13. Total carbon dry weight used in treatment systems: <u>400 LBS.</u>  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Carcinogen   |           |              |                |           |
| 14. Flow Rate: <u>5</u> <input checked="" type="checkbox"/> GPM <input type="checkbox"/> CFM  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Dioxin   |           |              |                |           |
| 16. Service duration between spent carbon changeouts: <u>1</u> No. of Months <u>30</u> Days used per month <u>24</u> Hours used per day <u>24</u>   |  |           |              |                |           |
| 17. Anticipated spent carbon quantity generated: _____ Volume or <u>400</u> lbs (Dry) per <u>MO</u> (one time, wk, mo, yr.)   |  |           |              |                |           |

| C. CLASSIFICATION   |  |  |   |
|---|--|--|---|
| 1.  | Is this a U.S. EPA Hazardous Waste: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES  |  |   |
| 2.  | Identify all U.S. EPA characteristic and listed waste codes (D.F.K.P.U): <i>N/A</i>  |  |   |
| 3.  | Is this a Generator State Hazardous Waste <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes  |  | 4. Identify all Generator State Waste Codes: <i>N/A</i> |
| 5.  | Is this waste subject to the Land Ban Restriction Notice <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes   |  |   |
| D. SHIPPING INFORMATION   |  |  |   |
| 1.  | Packaging <input type="checkbox"/> Bag <input checked="" type="checkbox"/> Drum <input type="checkbox"/> Roll-Off <input type="checkbox"/> Slurry <input type="checkbox"/> Other |  |   |
| 2.  | Anticipated Annual Volume: <i>4300 lbs/yr.</i>   |  |   |
| 3.  | Shipping Frequency: <i>QTRLY.</i>  |  |   |
| E. NOTES: Special requirements for personal protection equipment.<br>Please include MSDS if available. Available <input type="checkbox"/> Not Available <input checked="" type="checkbox"/> |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
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|   |  |  |   |

| F. GENERATOR'S CERTIFICATION |
|------------------------------|
|------------------------------|

I hereby certify that all information on this and all attached documents is true and that this information accurately describes the subject spent carbon. I further certify that all samples and analyses submitted are representative of the subject spent carbon in accordance with the procedures established in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize Westates Carbon-Arizona, Inc. to obtain a sample from any waste shipment for purposes of confirmation or further investigation.

|                        |                 |                  |         |
|------------------------|-----------------|------------------|---------|
| <i>Glenn D. Hughes</i> | GLENN D. HUGHES | MAINTENANCE MGR. | 7-17-94 |
| SIGNATURE              | PRINTED NAME    | TITLE            | DATE    |



## Addendum "B"

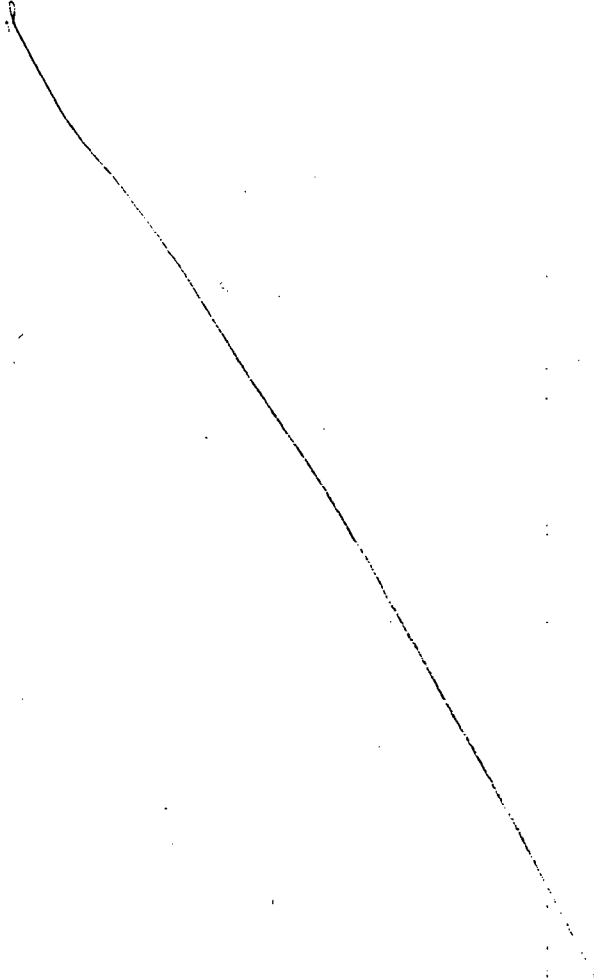
## Spent Carbon Identification

| G |   |
|---|---|
|   | <p>Describe the carbon treatment system and detail the source of, or process which created the contaminants that are on this carbon (examples; system filtering groundwater from a leaking underground storage tank, wastewater treatment for spent solvent used for degreasing printed circuit boards, ground water cleanup of spilled chemical from drum storage area, air filtration of office building, waste water treatment from a municipal sewage plant, etc.) Please feel free to draw a process flow diagram.</p> |
|   | <p>System filling Carbon from gasoline leaks UST.</p>   |
|   | <p>Recovery Well → O/W SEPARATOR → AIR STRIPPER</p>   |
|   | <p>↓</p>  |
|   | <p>PARTICULATE<br/>FILTER</p>   |
|   | <p>EFF. ← CARBON CANISTERS (2)</p>  |
|   | <p>NOTE ITEM B3: A portion of the Carbon is not WCAS.</p>   |
|   |   |
|   |   |

WESTATES CARBON-ARIZONA, INC  
Spent Carbon Profile Form Instructions

G. Addendum B

Additional space to complete item B.1.





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421-Trenton, NJ 08625-0421



\* 2 0 1 8 9 6 0 \*

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0002 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.                              | Manifest Section No.                                | 3. State | Information in the shaded areas is not required by Federal law. |
|---|--|---|---|----------|---|
| 2. Generator's Name and Mailing Address<br>New York Times<br>600 Washington Avenue<br>Carlstadt, NJ 07072   |  | N J D 9 8 6 5 9 7 5 2 4 9 4 0 1 9                         | 1   | 1        |   |
| 4. Generator's Phone ( 201 ) 896-4200   |  | 5. State Manifest Occurrence Number<br><b>NJA 2018960</b> |   |          |   |
| 5. Transporter 1 Company Name<br>Freehold Cartage, Inc.   |  | 6. US EPA ID Number<br>N J D 0 5 4 1 2 6 1 6 4            | 7. State Generator's ID (Gen. Site Address)<br>Same |          |   |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number                                       | 9. State Transport ID-NUDEPE<br>S 2 2 6 5           |          |   |
| 9. Designated Facility Name and Site Address<br>Pollution Control Industries of Indiana, Inc.<br>4343 Kennedy Avenue<br>East Chicago, IN 46312  |  | 10. US EPA ID Number<br>I N D 0 0 0 6 4 6 9 4 3           | 11. State Facility ID<br>219 397-3951               |          |   |
| 12. US DOT Description (including proper shipping name, hazard class or division, HM, UN Number and Placard)  |  |   |   |          |   |
| 1. Waste Combustible Liquid, N.O.S. (oil)<br>Combustible Liquid, NA1993, PG III<br>030 DM 01650 G X 7 2 5   |  |   |   |          |   |
| 2.  |  |   |   |          |   |
| 3.  |  |   |   |          |   |
| 4.  |  |   |   |          |   |
| 5. Additional Descriptions for Materials Listed Above   |  |   |   |          |   |
| 11a. L, Oil 100%<br>State of NJ Regulated Waste<br>S O I  |  |   |   |          |   |
| 15. Special Handling Instructions and Additional Information  |  |   |   |          |   |
| 11a. Approval #: 118363, ERG# 27<br>Transporter's License Plate #: T693VW (N.J.)<br>24 hr Emergency Phone #: 201-896-4200<br>Contact: Security<br>S: 32125 C: 502710 B: 502659<br>12/21/94  |  |   |   |          |   |
| GENERATOR'S CERTIFICATION: I hereby certify that I have a procedure in place to reduce the volume and toxicity of hazardous waste generated, and that I have selected the most feasible method of treatment, storage, and disposal (TSD) for the waste, based on the threat to human health and the environment. If I am a small quantity generator, I have also selected the best waste management method that is available to me and that I can afford. |  |   |   |          |   |
| 11339#s   |  |   |   |          |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |   |          |   |
| Printed/Typed Name<br>CHRIS ANANDUAKA<br>Signature<br>CHRIS ANANDUAKA<br>Date<br>12/19/94   |  |   |   |          |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |   |   |          |   |
| Printed/Typed Name<br>James F. Murphy<br>Signature<br>James F. Murphy<br>Date<br>12/19/94   |  |   |   |          |   |
| 19. Discrepancy Indication Space  |  |   |   |          |   |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 13.   |  |   |   |          |   |
| Printed/Typed Name<br>Stefani Hanson<br>Signature<br>Stefani Hanson<br>Date<br>12/21/94   |  |   |   |          |   |

NJA 2018960



# CYCLE CHEM

RECYCLING TREATMENT & DISPOSAL OF HAZARDOUS WASTE

9/27/94

THE NY TIMES  
3003 WOODBRIDGE AVE.

600 WASHINGTON AVE.

EDISON NJ 08837-0000

CARLSTADT

NJ 00000-0000

RE: Certificate of Disposal

Dear Sir/Madam:

This letter is to certify that Cycle Chem, Inc. EPA ID No. NJD002200046 has accepted and processed the following shipments.

This acceptance is in accordance with all State and Federal Regulations and with the conditions set forth in Cycle Chem's Hazardous Waste Facility Permit.

| PROD SEQ<br>CODE | MANIFEST<br># | MANIFEST<br>IN | DATE IN/<br>DATE OUT | MANIFEST<br>OUT | SENT              | DISPOSAL SITE<br>AND METHOD                  |
|------------------|---------------|----------------|----------------------|-----------------|-------------------|--|
| OW               | 01            | NJA1969911     | 8/08/94<br>9/06/94   | NJA1968840      | 8 DM E. I. DUFONT | DENEMOURS<br>WASTE WATER TREATMENT/ FUEL BLI |

If there are any further questions about the disposal of your waste, please do not hesitate to call.

Sincerely,

Gary Hoadley  
General Manager



Corporate:  
3317 Chicago Road, South Chicago Heights, IL 60411  
Telephone: (708) 597-9500 FAX: (708) 754-7935  
(800) 388-7242

# MATERIAL DATA SURVEY

PROFILE # 118364

NJD 986597524

Generator Name: N.YORK TIMES Billing Name: \_\_\_\_\_  
Street 3003 WOODBRIDGE AVE Street \_\_\_\_\_  
City EDISON State NJ Zip 08837 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Technical Contact: Bill Griffin Title: Pl. MGR Phone: 201 438-4041 Fax: 201 896-9137  
Federal EPA ID No. NYD001315613 State ID No.: \_\_\_\_\_ S.I.C. Code: \_\_\_\_\_ Form Code B: \_\_\_\_\_  
☐ Check if you are a Conditionally Exempt Small Quantity Generator ☐ Check if you are a Broker PCI Sales Rep. \_\_\_\_\_  
Common Name of Waste NEWS PAPER INK  
Original Process Generating Waste (must be specific) \_\_\_\_\_

Method of Shipment ☒ Drum (SIZE) 55 GAL ☐ Bulk \_\_\_\_\_ Quantity \_\_\_\_\_ per ☐ Wk ☐ Mo ☐ Qtr ☐ Yr ☐ One-time  
MSDS Attached? ☐ Yes ☐ No TCLP Attached? ☐ Yes ☒ No ☐ Check if sample has been submitted

## PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) BLACK % Total Halogens \_\_\_\_\_ Specific Gravity \_\_\_\_\_  
Odor (via casual detection) ☐ None ☒ Mild ☐ Strong  
Physical State \_\_\_\_\_ Phase/Layers \_\_\_\_\_  
% Liquid \_\_\_\_\_ % Sludge ☐ Single  
% Solid \_\_\_\_\_ % Powder ☐ Multiple, how many \_\_\_\_\_  
% Other, describe \_\_\_\_\_

## CHEMICAL COMPOSITION

(List Hazardous as well as Non-Hazardous components and corresponding ranges.)

| Component           | Concentration (%) |
|---------------------|-------------------|
| <u>OIL</u>          | <u>80.00</u>      |
| <u>CARBON BLACK</u> | <u>20.00</u>      |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |

## OTHER COMPONENTS TOTAL (PPM)

| Component         | NO                       | YES                      |
|-------------------|--------------------------|--------------------------|
| CYANIDES          | <input type="checkbox"/> | <input type="checkbox"/> |
| SULFIDES          | <input type="checkbox"/> | <input type="checkbox"/> |
| REACTIVE CYANIDES | <input type="checkbox"/> | <input type="checkbox"/> |
| REACTIVE SULFIDES | <input type="checkbox"/> | <input type="checkbox"/> |
| AMINES            | <input type="checkbox"/> | <input type="checkbox"/> |
| PCB'S             | <input type="checkbox"/> | <input type="checkbox"/> |
| PHENOLICS         | <input type="checkbox"/> | <input type="checkbox"/> |

## HAZARDOUS PROPERTIES

☒ NONE ☐ BENZENE NESHAP  
☐ WATER REACTIVE ☐ AIR REACTIVE ☐ EXPLOSIVE  
☐ SHOCK SENSITIVE ☐ PYROPHORIC ☐ POLYMERIZABLE  
☐ RADIOACTIVE ☐ PESTICIDE ☐ PATHOGEN  
☐ CORROSIVE ☐ ETIOLOGICAL ☐ BIOLOGICAL  
☐ DIOXINS ☐ OTHER \_\_\_\_\_

## RCRA CHARACTERIZATION

Is this material a "Hazardous Waste" under 40CFR 261.37?

2. Is this a "Characteristic Waste"?

If "Yes" is it: ☐ D001 Ignitable ☐ D002 Corrosive ☐ D003 Reactive

☐ D004 - D043 Toxic, give specific codes: \_\_\_\_\_

Is this an "F" or a "K" waste or mixed with one?

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: \_\_\_\_\_

Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)?

If "Yes" give the waste code: \_\_\_\_\_

5. Is this a state regulated waste?

If "Yes" give codes: X 725

## DOT CHARACTERIZATION

Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172.101:

WASTE COMBUSTIBLE LIQUID NOS

UN 1993

Hazard Class: \_\_\_\_\_

RQ \_\_\_\_\_

Packaging Group: \_\_\_\_\_

Give the two primary hazardous constituents: \_\_\_\_\_

## GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) William Griffin

TITLE PLANT MGR

SIGNATURE William Griffin

DATE 11/29/94

SAMPLERS SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

D. Based on knowledge or analysis, provide an actual value or value for TCLP concentrations or total metal concentrations in ppm:

## INORGANIC CHARACTERISTICS

|      |          |       |
|------|----------|-------|
| D004 | Arsenic  | 5.0   |
| D005 | Barium   | 100.0 |
| D006 | Cadmium  | 1.0   |
| D007 | Chromium | 5.0   |
| D008 | Lead     | 5.0   |
| D009 | Mercury  | 0.2   |
| D010 | Selenium | 1.0   |
| D011 | Silver   | 5.0   |
|      | Copper   | 100.0 |
|      | Zinc     | 500.0 |

## ORGANIC CHARACTERISTICS

|      |                                 |       |
|------|---------------------------------|-------|
| D012 | Endrin                          | 0.02  |
| D013 | Lindane                         | 0.4   |
| D014 | Methoxychlor                    | 10.0  |
| D015 | Toxaphene                       | 0.5   |
| D016 | 2, 4-Dichlorophenoxyacetic Acid | 10.0  |
| D017 | 2, 4, 5-TP (Silvex)             | 1.0   |
| D018 | Benzene                         | 0.5   |
| D019 | Carbon Tetrachloride            | 0.5   |
| D020 | Chlordane                       | 0.03  |
| D021 | Chlorobenzene                   | 100.0 |
| D022 | Chloroform                      | 6.0   |
| D023 | o-Cresol                        | 200.0 |
| D024 | m-Cresol                        | 200.0 |
| D025 | p-Cresol                        | 200.0 |
| D026 | Cresol                          | 200.0 |
| D027 | 1, 4-Dichlorobenzene            | 7.5   |
| D028 | 1, 2-Dichloroethane             | 0.5   |
| D029 | 1, 1-Dichloroethylene           | 0.7   |
| D030 | 2, 4-Dinitrotoluene             | 0.13  |
| D031 | Heptachlor (and it's epoxide)   | 0.008 |
| D032 | Hexachlorobenzene               | 0.13  |
| D033 | Hexachlorobutadiene             | 0.5   |
| D034 | Hexachloroethane                | 3.0   |
| D035 | Methyl Ethyl Ketone             | 200.0 |
| D036 | Nitrobenzene                    | 2.0   |
| D037 | Pentachlorophenol               | 100.0 |
| D038 | Pyridine                        | 5.0   |
| D039 | Tetrachloroethylene             | 0.7   |
| D040 | Trichloroethylene               | 0.5   |
| D041 | 2, 4, 5-Trichlorophenol         | 400.0 |
| D042 | 2, 4, 6-Trichlorophenol         | 2.0   |
| D043 | Vinyl Chloride                  | 0.2   |

For Internal Use Only

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Treatment Method \_\_\_\_\_

118364

**Corporate:**  
3317 Chicago Road, South Chicago Heights, IL 60411  
Telephone: (708) 597-9500 FAX: (708) 754-7935  
(800) 388-7242







State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br>NJ D 9 8 1 6 1 9 7 5 2 4 |  | Manifest Document No.<br>1 7 5 9 7 |  | 2. Page 1 of 1  |  | Information in the shaded areas is not required by Federal law. |  |                            |  |
|--|--|--|--|------------------------------------|--|---|--|---|--|----------------------------|--|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES, INC.<br>3005 WOODRIDGE AVE., EDISON, NJ 08837   |  |  |  |                                    |  | A. State Manifest Document Number<br><b>NJA 2017597</b>                                   |  |   |  |                            |  |
| 4. Generator's Phone (908) 603-4096  |  |  |  |                                    |  | B. State Generator's ID (Gen. Site Address)<br>600 WASHINGTON AVE.<br>CARLSTADT, NJ 07022 |  |   |  |                            |  |
| 5. Transporter 1 Company Name<br>AUCHTER INDUSTRIAL VAC SERVICE  |  |  |  |                                    |  | 6. US EPA ID Number<br>NJ D 9 9 0 7 7 2 7 6 8   |  |   |  |                            |  |
| 7. Transporter 2 Company Name  |  |  |  |                                    |  | 8. US EPA ID Number   |  |   |  |                            |  |
| 9. Designated Facility Name and Site Address<br>RETECH ENVIRONMENTAL<br>1300 CARLIS STREET<br>CAMDEN, NJ 08105   |  |  |  |                                    |  | 10. US EPA ID Number<br>NJ D 9 8 1 6 1 9 7 5 2 4  |  |   |  |                            |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM<br>a. WASTE PETROLEUM LIQUID<br>H01-RCRA, <del>non</del> -DOT   |  |  |  |                                    |  | 12. Containers<br>No. Type<br>401 T   |  | 13. Total Quantity<br>X4550 G                                   |  | 14. Unit Wt/Vol<br>X.7 2 5 |  |
| J. Additional Descriptions for Materials Listed Above<br>DIESEL FUEL 02%<br>WATER 98%  |  |  |  |                                    |  | K. Handling Codes for Wastes Listed Above<br>104 Contaminated<br>502 Residuals            |  |   |  |                            |  |
| 15. Special Handling Instructions and Additional Information<br>EMERGENCY CONTACT PHONE NUMBER - ROB WALSH 609-259-8859<br>APPROVAL # X-CC-WS-53   |  |  |  |                                    |  |   |  |   |  |                            |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |  |                                    |  |   |  |   |  |                            |  |
| Printed/Typed Name<br>Rob Walsh  |  |  |  |                                    |  | Signature<br><i>Rob Walsh</i>   |  | Month Day Year<br>10/24/94                                      |  |                            |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>RON MCGREEVY  |  |  |  |                                    |  | Signature<br><i>Ron McGreevy</i>  |  | Month Day Year<br>10/21/94                                      |  |                            |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  |  |  |                                    |  | Signature   |  | Month Day Year  |  |                            |  |
| 19. Discrepancy Indication Space<br>JA T.L.  |  |  |  |                                    |  |   |  |   |  |                            |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name<br>L. M. H. H.  |  |  |  |                                    |  | Signature<br><i>L. M. H. H.</i>   |  | Month Day Year<br>10/21/94                                      |  |                            |  |

NJA 201759





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. CMB No. 2050-0039 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br>NJ0008550752417508 | Manifest Document No.<br>17508 | 2. Page 1 of 1   | Information in the shaded areas is not required by Federal law. |
|--|--|--|--------------------------------|--|---|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES, INC.<br>3005 WOODBRIDGE AVE., EDISON, NJ 08837  |  |  |                                | A. State Manifest Document Number<br><b>NJA 2017598</b>                                    |   |
| 4. Generator's Phone ( ) 603-4096  |  |  |                                | B. State Generator's ID (Gen. Site Address)<br>600 WASHINGTON AVE.<br>CARLSBAD, NJ 07072   |   |
| 5. Transporter 1 Company Name<br>AUGSTER INDUSTRIAL VAC SERVICE  |  |  |                                | C. State Trans. ID-NJDEPE<br>Decal No.: 5169913  |   |
| 6. US EPA ID Number<br>J00080772768  |  |  |                                | D. Transporter's Phone ( ) 908-862-2277  |   |
| 7. Transporter 2 Company Name  |  |  |                                | E. State Trans. ID-NJDEPE<br>Decal No.:  |   |
| 9. Designated Facility Name and Site Address<br>REMTECH ENVIRONMENTAL<br>1800 CARMAN STREET<br>CAMDEN, NJ 08105  |  |  |                                | F. Transporter's Phone ( )<br>G. State Facility's ID<br>H. Facility's Phone (609) 365-5544 |   |
| 10. US EPA ID Number<br>13J009810513651717   |  |  |                                |  |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM   |  |  |                                | 12. Containers   | 13. Total Quantity  |
|  |  |  |                                | No.  | Type  |
| a. WASTE PETROLEUM LIQUID<br>NON-RCRA, NON-DOT   |  |  |                                | 0101   | TTX 5160  |
| b.   |  |  |                                |  |   |
| c.   |  |  |                                |  |   |
| d.   |  |  |                                |  |   |
| J. Additional Descriptions for Materials Listed Above<br>DIESEL FUEL 02%<br>WATER 98%  |  |  |                                | K. Handling Codes for Wastes Listed Above<br>F04 Cent. the alu<br>50% Release Ver          |   |
| 15. Special Handling Instructions and Additional Information<br>EMT #27<br>EMERGENCY CONTACT & PHONENUMBER ROB WALSH 609-259-8859<br>APPROVAL # 105-10553  |  |  |                                |  |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |                                |  |   |
| Printed/Typed Name<br>Robert J. Walsh  |  |  |                                | Signature<br>Robert J. Walsh   |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Huis gon 29/02  |  |  |                                | Signature<br>Huis gon 29/02  |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  |  |                                | Signature  |   |
| 19. Discrepancy Indication Space<br>JA TL  |  |  |                                |  |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 14.<br>Printed/Typed Name<br>199 5151100  |  |  |                                |  |   |
| Signature<br>199 5151100   |  |  |                                |  |   |

Site Name The New York Times  
Carlstadt, New Jersey Facility  
\_\_\_\_\_  
EPA ID No. N J D 9 8 6 5 9 7 5 2 4

|                          |       |
|--------------------------|-------|
| <b>OFFICIAL USE ONLY</b> |       |
| Ann. Fee                 | _____ |
| RA                       | _____ |
| Date                     | _____ |
| Rec'd By                 | _____ |

### 1994 FEE VERIFICATION FORM

**INSTRUCTIONS:** Complete the below fee category information. If your site is required to submit a report and a fee, attach the check where indicated and return this page with your report. When submitting multiple reports, each site will require a separate Fee Verification Form; however, any fees owed may be combined into one check.

Attach check here (do not send cash)

Make Payable to: **Treasurer State of New Jersey**  
Mail Report to: **NJDEP, Bureau of Revenue**  
**Attention: Hazardous Waste Regulation Program**  
**CN 417**  
**Trenton, New Jersey 08625-0417**

#### Fee Category

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input type="checkbox"/>            | No Fee   | This site was a transporter of waste oil only from exempt or small quantity generators; or This site was not a NJ large quantity generator; or<br>This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year. |
| <input type="checkbox"/>            | \$125.00 | This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.   |
| <input checked="" type="checkbox"/> | \$180.00 | This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.  |
| <input type="checkbox"/>            | \$300.00 | This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.   |
| <input type="checkbox"/>            | \$400.00 | This site (company) manifested 150 tons or more of hazardous waste during the calendar year.   |

**The New York Times**

229 WEST 43 STREET  
NEW YORK, N.Y. 10036

JOSEPH S. PEDALINO  
Director  
Environmental Health and Safety

February 17, 1995

New Jersey Department of  
Environmental Protection  
Bureau of Revenue  
CN 417  
Trenton, NJ 08625-0417

Attn: Bureau of Advisement and Manifest - Annual Reports

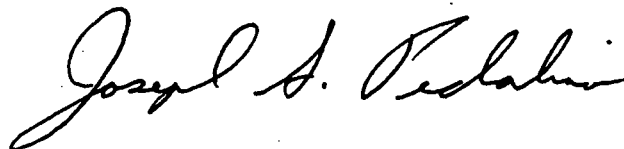
Dear Sirs:

Attached is the 1994 annual hazardous waste generator report for our ~~Edison~~, New Jersey facility, and check for \$180.00 payable to the Treasurer - State of New Jersey.

Please let me know if additional information is needed on this matter.

Thank you for your assistance.

Sincerely,



Attachments

*Carlstadt*

bcc: S. Golden - w/o attachment  
G. Hughes - w/attachment  
M. Kraft - w/attachment  
T. Lombardo - w/o attachment

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: The New York Times  
Carlstadt, NJ Facility

EPA ID NO: NJID 191816 151917 151214

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

1994 Hazardous Waste Report

FORM  
IC

IDENTIFICATION AND  
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1994 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Instruction page 10.

A. EPA ID No. NJID 191816 151917 151214

B. County  
Bergen

C. Site/company name  
The New York Times, Carlstadt, NJ Facility

D. Has the site name associated with this EPA ID changed since 1993?  
☐ 1 Yes  
☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.  
600 Washington Avenue

F. City, town, village, etc.  
Carlstadt

G. State  
NJ

H. Zip Code  
07072-1111

Sec. II Mailing address of site. Instruction page 10. This facility was closed, therefore, mailing address is

A. Is the mailing address the same as the location address?  
☐ 1 Yes (SKIP TO SEC. III)  
☒ 2 No (GO TO BOX B)

B. Number and street name of mailing address  
229 West 43rd Street

C. City, town, village, etc.  
NY

D. State  
NY

E. Zip Code  
10013-1611

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First Name M.I.  
Pedalino Joseph S

B. Title Director,  
Environmental  
Health & Safety

C. Telephone  
212 556-1960  
Extension 1111

Sec. IV I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First Name M.I.  
Pedalino Joseph S

B. Title  
Director, Environmental Health & Safety

C. Signature  
Joseph S. Pedalino

D. Date of signature  
02 17 95  
MO. DAY YR.



## Sec.V - Generator Status

EPA ID NO. N J D 9 8 6 5 9 7 5 2 4A. 1993 RCRA generator status  
Instruction page 10.  
(CHECK ONE BOX BELOW)

- ☒ 1 USQG  
☐ 2 USSQG or NJLQG  
☐ 3 USCESQG or NJSQG  
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating  
Page 12.  
(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status

A. Storage subject to hazardous waste  
permitting beyond 90 days requirements Page 13.1B. Treatment, disposal, or recycling subject to  
hazardous waste permitting requirements Page 13.1C. Hazardous waste-exempt treatment,  
disposal, or recycling Page 13.1

## Sec.VII - Waste Minimization Activity during 1993 or 1994

A. Did this site begin or expand a source reduction activity during 1993 or 1994? Page 14.

- ☐ 1 Yes  
☒ 2 No

B. Did this site begin or expand a recycling activity during 1993 or 1994? Page 15.

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1993 or 1994? Page 15.

- ☐ 1 Yes  
☒ 2 No

D. Did this site have a successful waste minimization program during 1993 or 1994? Page 15

- ☐ 1 Yes (Must continue to Box E)  
☒ 2 No

E. Can this site quantitatively document its success for 1993 or 1994? Page 15

- ☐ 1 Yes  
☐ 2 No

## Comments:

Waste was generated due to ISRA required remediation.

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTIONBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, NJ FacilityEPA ID NO: N J D 9 8 6 5 9 7 5 2 4

1994 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1994 Hazardous Waste Report Booklet before  
completing this form.

Sec. I

A. Waste description - instruction page 18.  
Waste from ISRA required remediation

B. EPA hazardous waste code Page 19.

n a n an a n a n a

C. State hazardous waste code Page 19.

X 7 2 5 n aD. SIC code  
Page 19.2 7 1 1E. Origin code  
Page 19.2System type M n aF. Source code  
Page 20.A 6 5G. Point of measurement  
Page 20.1H. Form code  
Page 20.B 20 5I. RCRA-radioactive  
mixed  
Page 20.2

Sec. II

A. Quantity generated  
in 1993  
Instruction Page 21.2 4 6 0B. Quantity generated in 1994  
Page 21.1 1 3 6 0 0C. UOM Density  
Page 21.5 8 3 4☒ 1 lbs/gal ☐ 2 sgD. Did this site do any of the following  
to the waste; treat on site, dispose on  
site, recycle on site, or discharge to  
a sewer/POTW? Page 21.☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site system type  
Page 22.MQuantity treated, disposed or recycled  
on site in 19941 1 3 6 0 0

## ON-SITE PROCESS SYSTEM 2

On-site system type  
Page 22.MQuantity treated, disposed or recycled  
on site in 19941 1 3 6 0 0

Sec. III

A. Was any of this waste shipped off-site in 1994  
Instruction Page 23.☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)Site 1 B. EPA ID No. of facility waste was shipped to  
Page 23.I N D 0 0 0 6 4 6 9 4 3C. System type shipped  
to. Page 23.M 0 5 1D. Off-site availability E. Total quantity shipped in 1994  
code Page 23.1 1 6 5 0 0 0Site 2 B. EPA ID No. of facility waste was shipped to  
Page 23.N J D 9 8 0 5 3 6 5 7 7C. System type shipped  
to. Page 23.M 0 5 1D. Off-site availability E. Total quantity shipped in 1994  
code Page 23.1 9 7 1 0 0 0

Sec. IV

A. Did new activities in 1994 result in minimization of this waste:  
Instruction Page 23.☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W WW WC. Other effects  
Page 24.☐ 1 Yes  
☐ 2 NoD. Quantity recycled in 1994 due to  
new activities Page 25.1 1 3 6 0 0E. Activity/  
production  
index  
Page 24.1 1 3 6 0 0F. 1994 source reduction quantity  
Page 26.1 1 3 6 0 0

Comments:

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTIONBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, NJ FacilityEPA ID NO: N J D 9 8 1 6 1 5 9 7 5 2 1 4

1994 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1994 Hazardous Waste Report Booklet before completing this form.

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| Sec. I  |   | A. Waste description - Instruction page 18.<br>Waste from ISRA required remediation   |   |  |   |
| B. EPA hazardous waste code Page 19.<br><u>D 0 0 1</u> <u>D 0 1 8</u><br><u>N/A</u> <u>N/A</u> <u>N/A</u> |   | C. State hazardous waste code Page 19.<br><u>1 1 C 1 3 3</u> <u>N/A</u>   |   |  |   |
| D. SIC code<br>Page 19.<br><u>2 7 1 1</u>   | E. Origin code<br>Page 19.<br>System type <u>M</u> <u>N/A</u> | F. Source code<br>Page 20.<br><u>A 6 5</u>  | G. Point of measurement<br>Page 20.<br><u>1</u> | H. Form code<br>Page 20.<br><u>B 2 0 5</u>   | I. RCRA-radioactive<br>mixed<br>Page 20. <u>2</u> |
| Sec. II   |   | A. Quantity generated in 1993<br>Instruction Page 21.<br><u>1 7 4 0 1 0</u>   |   |  |   |
| B. Quantity generated in 1994<br>Page 21.<br><u>4 4 0 0</u>   |   | C. UOM Density<br>Page 21.<br><u>5 8 3 4</u><br><input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg   |   | D. Did this site do any of the following to the waste; treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |   |
| ON-SITE PROCESS SYSTEM 1  |   | ON-SITE PROCESS SYSTEM 2  |   |  |   |
| On-site system type<br>Page 22.<br><u>M</u>   |   | Quantity treated, disposed or recycled on site in 1994<br><u>4 4 0 0</u>  |   | On-site system type<br>Page 22.<br><u>M</u>  |   |
| Quantity treated, disposed or recycled on site in 1994<br><u>4 4 0 0</u>                                  |   | Quantity treated, disposed or recycled on site in 1994<br><u>4 4 0 0</u>  |   |  |   |
| Sec. III  |   | A. Was any of this waste shipped off-site in 1994<br>Instruction Page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV)                            |   |  |   |
| Site 1 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>N J D 0 0 2 2 0 0 0 4 6</u>       |   | C. System type shipped to.<br>Page 23.<br><u>M 0 5 1</u>  |   | D. Off-site availability E. Total quantity shipped in 1994<br>code Page 23.<br><u>1</u> <u>4 4 0 0</u>   |   |
| Site 2 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>1 1 1 1 1 1 1 1 1 1</u>           |   | C. System type shipped to.<br>Page 23.<br><u>M</u>  |   | D. Off-site availability E. Total quantity shipped in 1994<br>code Page 23.<br><u>1</u> <u>1 1 1 1 1 1 1 1 1 1</u>   |   |
| Sec. IV   |   | A. Did new activities in 1994 result in minimization of this waste:<br>Instruction Page 23. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |  |   |
| B. Activity Page 24.<br><u>W</u> <u>W</u><br><u>W</u> <u>W</u>  |   | C. Other effects<br>Page 24.<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No   |   | D. Quantity recycled in 1994 due to new activities Page 25.<br><u>1 1 1 1 1 1 1 1 1 1</u>  |   |
| E. Activity/production index<br>Page 24.<br><u>1 1 1 1 1 1 1 1 1 1</u>                                    |   | F. 1994 source reduction quantity<br>Page 26.<br><u>1 1 1 1 1 1 1 1 1 1</u>   |   |  |   |

Comments:

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTIONBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, NJ FacilityEPA ID NO: N J D 0 8 6 5 9 7 5 2 4

1994 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENTINSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1994 Hazardous Waste Report Booklet before  
completing this form.

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| Sec. I  |  | A. Waste description - Instruction page 18.<br>Waste from ISRA required remediation  |   |   |   |  |
| B. EPA hazardous waste code Page 19.<br><u>N/A</u> <u>N/A</u><br><u>N/A</u> <u>N/A</u> <u>N/A</u>   |  |  | C. State hazardous waste code Page 19.<br><u>X 7 2 2</u> <u>N/A</u> |   |   |  |
| D. SIC code<br>Page 19.<br><u>2 7 1 1</u>   | E. Origin code<br>Page 19. <u>2</u><br>System type <u>M</u> <u>N/A</u> | F. Source code<br>Page 20.<br><u>A 6 5</u>   | G. Point of measurement<br>Page 20.<br><u>1</u>                     | H. Form code<br>Page 20.<br><u>B 2 0 5</u>  | I. RCRA-radioactive<br>mixed<br>Page 20. <u>2</u> |  |
| Sec. II   |  | A. Quantity generated in 1993<br>Instruction Page 21.<br><u>0 0</u>  |   |   |   |  |
| B. Quantity generated in 1994<br>Page 21.<br><u>1 7 3 0 0</u>                                       |  | C. UOM Density<br>Page 21.<br><u>5</u> <u>8 3 4</u><br><input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg   |   | D. Did this site do any of the following<br>to the waste; treat on site, dispose on<br>site, recycle on site, or discharge to<br>a sewer/POTW? Page 21.<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |   |  |
| ON-SITE PROCESS SYSTEM 1  |  | ON-SITE PROCESS SYSTEM 2   |   |   |   |  |
| On-site system type<br>Page 22.<br><u>M</u>   |  | Quantity treated, disposed or recycled<br>on site in 1994<br><u>0 0 0 0 0 0 0 0</u>  |   | On-site system type<br>Page 22.<br><u>M</u>   |   |  |
| Quantity treated, disposed or recycled<br>on site in 1994<br><u>0 0 0 0 0 0 0 0</u>                 |  | Quantity treated, disposed or recycled<br>on site in 1994<br><u>0 0 0 0 0 0 0 0</u>  |   |   |   |  |
| Sec. III  |  | A. Was any of this waste shipped off-site in 1994<br>Instruction Page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV)                         |   |   |   |  |
| Site 1 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>N J D 0 1 1 8 8 1 1 7 4</u> |  | C. System type shipped<br>to. Page 23.<br><u>M 0 5 1</u>   |   | D. Off-site availability E. Total quantity shipped in 1994<br>code Page 23.<br><u>1</u> <u>1 7 3 0 0</u>  |   |  |
| Site 2 B. EPA ID No. of facility waste was shipped to<br>Page 23.<br><u>0 0 0 0 0 0 0 0</u>         |  | C. System type shipped<br>to. Page 23.<br><u>M</u>   |   | D. Off-site availability E. Total quantity shipped in 1994<br>code Page 23.<br><u>0</u> <u>0 0 0 0 0 0 0 0</u>  |   |  |
| Sec. IV   |  | A. Did new activities in 1994 result in minimization of this waste: <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br>Instruction Page 23. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |   |  |
| B. Activity Page 24.<br><u>W</u> <u>W</u><br><u>W</u> <u>W</u>                                      |  | C. Other effects<br>Page 24.<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No  |   | D. Quantity recycled in 1994 due to<br>new activities Page 25.<br><u>0 0 0 0 0 0 0 0</u>  |   |  |
| E. Activity/<br>production<br>index<br>Page 24.<br><u>0 0 0 0 0 0 0 0</u>                           |  | F. 1994 source reduction quantity<br>Page 26.<br><u>0 0 0 0 0 0 0 0</u>  |   |   |   |  |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: The New York Times  
Carlstadt, NJ Facility

EPA ID NO: 1NJD018615971524

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

1994 Hazardous Waste Report

FORM  
01OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

|  |  |   |
|--|--|---|
| Site 1   | A. EPA ID No. of off-site installation or transporter<br><u>1</u> <u>N</u> <u>J</u> <u>D</u> <u>0</u> <u>1</u> <u>0</u> <u>2</u> <u>1</u> <u>2</u> <u>0</u> <u>0</u> <u>1</u> <u>0</u> <u>4</u> <u>6</u>   | B. Name of off-site installation or transporter<br><u>Cycle Chen, Inc.</u>                              |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR            | D. Address of generator<br>Street <u>217 South First St.</u><br>City <u>Elizabeth</u><br>State <u>1</u> <u>N</u> <u>J</u> <u>1</u> Zip <u>0</u> <u>7</u> <u>2</u> <u>0</u> <u>6</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>  |   |
| Site 2   | A. EPA ID No. of off-site installation or transporter<br><u>1</u> <u>N</u> <u>J</u> <u>D</u> <u>0</u> <u>1</u> <u>0</u> <u>6</u> <u>1</u> <u>6</u> <u>4</u> <u>6</u> <u>1</u> <u>9</u> <u>4</u> <u>3</u>   | B. Name of off-site installation or transporter<br><u>Pollution Control Industries of Indiana, Inc.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR            | D. Address of generator<br>Street <u>4343 Kennedy Avenue</u><br>City <u>East Chicago</u><br>State <u>1</u> <u>N</u> <u>I</u> <u>1</u> Zip <u>4</u> <u>6</u> <u>3</u> <u>1</u> <u>2</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>   |   |
| Site 3   | A. EPA ID No. of off-site installation or transporter<br><u>1</u> <u>N</u> <u>J</u> <u>D</u> <u>9</u> <u>1</u> <u>8</u> <u>0</u> <u>1</u> <u>5</u> <u>3</u> <u>6</u> <u>1</u> <u>5</u> <u>7</u> <u>7</u>   | B. Name of off-site installation or transporter<br><u>Remtech Environmental Inc.</u>                    |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR            | D. Address of generator<br>Street <u>1800 Carmen Street</u><br>City <u>Camden</u><br>State <u>1</u> <u>N</u> <u>J</u> <u>1</u> Zip <u>0</u> <u>1</u> <u>8</u> <u>1</u> <u>1</u> <u>0</u> <u>1</u> <u>5</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>                           |   |
| Site 4   | A. EPA ID No. of off-site installation or transporter<br><u>1</u> <u>N</u> <u>J</u> <u>D</u> <u>0</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>8</u> <u>1</u> <u>8</u> <u>1</u> <u>1</u> <u>1</u> <u>7</u> <u>4</u>  | B. Name of off-site installation or transporter<br><u>C.R. Warner, Inc.</u>                             |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of generator<br>Street <u>East Lake Road</u><br>City <u>Woodstown</u><br>State <u>1</u> <u>N</u> <u>J</u> <u>1</u> Zip <u>0</u> <u>1</u> <u>8</u> <u>1</u> <u>0</u> <u>1</u> <u>9</u> <u>1</u> <u>8</u> <u>1</u> <u>0</u> <u>1</u> <u>1</u> <u>3</u> <u>4</u> |   |
| Site 5   | A. EPA ID No. of off-site installation or transporter<br><u>1</u> <u>N</u> <u>J</u> <u>D</u> <u>9</u> <u>1</u> <u>8</u> <u>0</u> <u>1</u> <u>7</u> <u>7</u> <u>2</u> <u>1</u> <u>7</u> <u>6</u> <u>8</u>   | B. Name of off-site installation or transporter<br><u>Auchter Industrial Vac Service, Inc.</u>          |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR            | D. Address of generator<br>Street <u>N/A</u><br>City _____<br>State _____ Zip _____  |   |

Comments:

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

1994 Hazardous Waste Report

OFF-SITE  
IDENTIFICATIONFORM  
01BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: The New York Times  
Carlstadt, NJ FacilityEPA ID NO: NJJD 91816 151917 151214

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

|        |  |   |
|--------|--|---|
| Site 1 | A. EPA ID No. of off-site installation or transporter<br><u>NJJD 91816 151917 151214</u>   | B. Name of off-site installation or transporter<br><u>Clean Venture, Inc.</u>             |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of generator <u>N/A</u><br>Street _____<br>City _____<br>State _____ Zip _____ |

|        |  |   |
|--------|--|---|
| Site 2 | A. EPA ID No. of off-site installation or transporter<br><u>NJJD 01511 11216 11614</u>   | B. Name of off-site installation or transporter<br><u>Freehold Cartage, Inc.</u>          |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of generator <u>N/A</u><br>Street _____<br>City _____<br>State _____ Zip _____ |

|        |   |  |
|--------|---|--|
| Site 3 | A. EPA ID No. of off-site installation or transporter<br>_____  | B. Name of off-site installation or transporter<br>_____                       |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of generator<br>Street _____<br>City _____<br>State _____ Zip _____ |

|        |   |  |
|--------|---|--|
| Site 4 | A. EPA ID No. of off-site installation or transporter<br>_____  | B. Name of off-site installation or transporter<br>_____                       |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of generator<br>Street _____<br>City _____<br>State _____ Zip _____ |

|        |   |  |
|--------|---|--|
| Site 5 | A. EPA ID No. of off-site installation or transporter<br>_____  | B. Name of off-site installation or transporter<br>_____                       |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of generator<br>Street _____<br>City _____<br>State _____ Zip _____ |

Comments:



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.  | Manifest Document No. | 2. Page 1 of 1   | Information in the shaded areas is not required by Federal law. |  |
|---|--|---|-----------------------|--|---|--|
| 3. Generator's Name and Mailing Address<br>THE NY TIMES<br>3003 WASHINGTON AVE.<br>EDISON NJ 08817-0000   |  | 6. US EPA ID Number<br>NJ019811016  |                       | A. State Manifest Document Number<br><b>NJA 1989914</b>  |   |  |
| 4. Generator's Phone (201) 333-4324   |  | 7. Transporter 1 Company Name<br>Clean Venture Inc.   |                       | B. State Generator's ID (Gen. Site Address)<br>600 WASHINGTON AVE  |   |  |
| 5. Transporter 1 Company Name<br>Clean Venture Inc.   |  | 8. US EPA ID Number<br>NJ019811016  |                       | C. State Trans. ID-NJDEPE<br>NJ019811016   |   |  |
| 9. Designated Facility Name and Site Address<br>LITTLE OAK INC.<br>210 SOUTH FIRST ST.<br>ELIZABETH NJ 07201-0000   |  | 10. US EPA ID Number<br>NJ019811016   |                       | D. Transporter's Phone (908) 442-4900  |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM<br>a. WASTE 1991 OF MIXTURE<br>b. 1 3 (MIXED) PELI<br>c. 0001 3018<br>d. 0001 3018 |  | 12. Containers<br>No. Type<br>XX 8 1 XX 4 4   |                       | 13. Total Quantity<br>XX 4 4   |   |  |
| 14. Unit Wt/Vol<br>8  |  | 15. Special Handling Instructions and Additional Information<br>EMERGENCY PHONE 908-442-4900<br>XT 3306<br>EPO027<br>A. N007-14 -01   |                       | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>LOUIS CORRA<br>Signature<br>Louis Corra<br>Month Day Year<br>10 9 94   |  | 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Signature<br>Month Day Year  |                       | 19. Discrepancy Indication Space   |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month Day Year               |  | 21. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month Day Year |                       | 22. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month Day Year  |   |  |

**The New York Times**

229 WEST 43 STREET  
NEW YORK, N.Y. 10036

JOSEPH S. PEDALINO  
Director  
Environmental Health and Safety

March 18, 1996

New Jersey Department of Environmental Protection  
Bureau of Revenue  
c/o Solid and Hazardous Waste  
CN 417  
Trenton, New Jersey 08625-0417

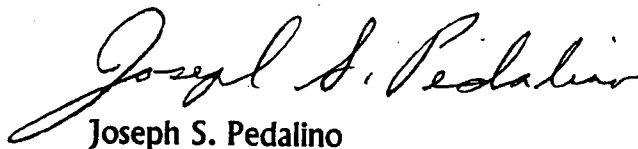
Dear Sirs:

Attached is the 1995 annual hazardous waste generator report for our Carlstadt, New Jersey facility, which was closed in 1992. Also attached is a check for \$180.00 payable to the Treasurer-State of New Jersey.

In the future, please send your reporting package to my letterhead address or preferably to my Edison, New Jersey office. The late reporting was due to the fact that I never received the Carlstadt, New Jersey reporting package, if one was sent.

Please let me know if additional information is needed on this matter.

Very truly yours,

  
Joseph S. Pedalino

JP/gd  
JP9624

bcc: S. Golden w/o attachment  
G. Hughes w/attachment  
M. Kraft - w/attachment  
T. Lombardo w/o attachment  
Corporate Records - w/attachment



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: The New York Times  
Carlstadt, New Jersey Facility  
EPA ID NO: N J D 9 8 6 5 9 7 5 2 4

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

FORM  
IC

IDENTIFICATION AND  
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

|   |   |   |
|---|---|---|
| A. EPA ID No.<br>Same as label <input type="checkbox"/> or → <u>N J D 9 8 6 5 9 7 5 2 4</u>   |   | B. County<br><u>Bergen</u>  |
| C. Site/company name<br>Same as label <input type="checkbox"/> or → <u>The New York Times</u>   |   | D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes<br><input checked="" type="checkbox"/> 2 No |
| E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.<br>Same as label <input type="checkbox"/> or → <u>600 Washington Avenue</u> |   |   |
| F. City, town, village, etc.<br>Same as label <input type="checkbox"/> or → <u>Carlstadt</u>  | G. State<br>Same as label <input type="checkbox"/> <u>N J</u> | H. Zip Code<br>Same as label <input type="checkbox"/> <u>0 7 0 7 2</u> - <u>    </u>  |

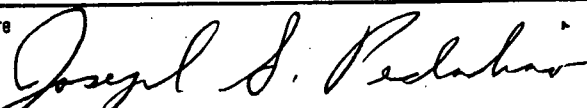
Sec. II Mailing address of site. Instruction page 10. This facility was closed.

|  |                        |   |
|--|------------------------|---|
| A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III)<br><input checked="" type="checkbox"/> 2 No (GO TO BOX B)<br><u>The New York Times</u> |                        |   |
| B. Number and street name of mailing address<br><u>3003 Woodbridge Avenue</u>  |                        |   |
| C. City, town, village, etc.<br><u>Edison</u>  | D. State<br><u>N J</u> | E. Zip Code<br><u>0 8 8 3 7</u> - <u>    </u> |

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

|  |  |   |
|--|--|---|
| A. Please print: Last Name First name M.I.<br><u>Pedalino, Joseph S.</u> | B. Title <u>Director</u><br><u>Environmental</u><br><u>Health &amp; Safety</u> | C. Telephone<br><u>9 0 8 6 0 3</u> - <u>4 2 0 4</u><br>Extension <u>N A</u> |
|--|--|---|

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

|   |   |
|---|---|
| A. Please print: Last Name First name M.I.<br><u>Pedalino, Joseph S</u>                             | B. Title<br><u>Director Environmental Health &amp; Safety</u>           |
| C. Signature<br> | D. Date of signature<br><u>0 3</u> <u>1 8</u> <u>9 6</u><br>MO. DAY YR. |

## Sec.V - Generator Status. Instruction pages 10, 12.

## A. 1995 generator status

(CHECK ONE BOX BELOW)

- ☐ 1 USLQG
- ☒ 2 USSQG/NJLQG SKIP to SEC. VI
- ☐ 3 USCESQG/NJSQG
- ☐ 4 Non generator (Continue to Box B)

## B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
- ☐ 2 Out of business
- ☐ 3 Only excluded or delisted waste
- ☐ 4 Only non-hazardous waste
- ☐ 5 Periodic or occasional generator
- ☐ 6 Waste minimization activity
- ☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

## A. Storage subject to permitting requirements

1

## B. Treatment, disposal, or recycling subject to permitting requirements

1

## C. Exempt treatment, disposal, or recycling

1

## Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes
- ☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☐ 1 Yes
- ☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes
- ☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995? (CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |   | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                      | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling                                |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process      | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling                                      | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | k. Unable to identify a market for recycled materials  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling  | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
|                                       |                                       |   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
|                                       |                                       |   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                                       |                                       |   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:

Waste was generated due to ISRA required remediation



Document Number

NJA 2039904  
NJ 2074206  
NJ 2074213

Date Shipped

03/02/95  
03/03/95  
12/28/95



Document Number

NJA 1970210

Date Shipped

04/05/95

NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

1995 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: The New York Times  
Carlstadt, New Jersey Facility

EPA ID NO: NJD 986 597 524

FORM  
01OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

|        |  |  |
|--------|--|--|
| Site 1 | A. EPA ID No. of off-site installation or transporter<br>N J D 0 1 1 8 8 1 1 7 4   | B. Name of off-site installation or transporter<br>C.R. Warner, Ince.  |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street East Lake Road<br>City Woodstown<br>State NJ Zip 0 8 1 0 1 8 - |

|        |  |  |
|--------|--|--|
| Site 2 | A. EPA ID No. of off-site installation or transporter<br>N J D 0 0 2 2 0 0 0 4 6   | B. Name of off-site installation or transporter<br>Cycle Chem Inc.   |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street 217 South First Street<br>City Elizabeth<br>State NJ Zip 0 7 2 0 6 - |

|        |  |  |
|--------|--|--|
| Site 3 | A. EPA ID No. of off-site installation or transporter<br>N J D 0 8 2 2 8 1 0 1 6   | B. Name of off-site installation or transporter<br>Clean Venture, Inc. |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street<br>City<br>State Zip     |

|        |   |  |
|--------|---|--|
| Site 4 | A. EPA ID No. of off-site installation or transporter<br>_ _ _ _ _  | B. Name of off-site installation or transporter                    |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street<br>City<br>State Zip |

|        |   |  |
|--------|---|--|
| Site 5 | A. EPA ID No. of off-site installation or transporter<br>_ _ _ _ _  | B. Name of off-site installation or transporter                    |
|        | C. Handler type (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street<br>City<br>State Zip |

Comments:



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.<br>NJ0986597524 | Manifest Document No.<br>7142016 | 2. Page 1 of 1  | Information in the shaded areas is not required by Federal law. |  |
|---|--|--|----------------------------------|---|---|--|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>600 WASHINGTON AVE<br>CARLSTADT, N.J. 07072  |  |  |                                  | A. State Manifest Document Number<br>NJA 2074206                            |   |  |
| 4. Generator's Phone (201) 935 1254   |  |  |                                  | B. State Generator's ID (Gen. Site Address)<br>SAME.                        |   |  |
| 5. Transporter 1 Company Name<br>C. R. WARNER, INC.   |  | 6. US EPA ID Number<br>NJ000118811714        |                                  | C. State Trans. ID-NJDEPE<br>Decal No. S 0 0 9 3 8                          |   |  |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number                          |                                  | D. Transporter's Phone (609) 769-1188                                       |   |  |
| 9. Designated Facility Name and Site Address<br>C.R. WARNER, INC.<br>EAST LAKE ROAD<br>WOODSTOWN NJ 08098   |  | 10. US EPA ID Number<br>NJ000118811714       |                                  | E. State Trans. ID-NJDEPE<br>Decal No.                                      |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. X COMBUSTIBLE LIQUID, N.O.S., NA1993, PGIII (USED OIL) (NOT EPA REGULATED)   |  |  |                                  | 12. Containers<br>No. Type<br>0 0 1 T T                                     |   |  |
|   |  |  |                                  | 13. Total Quantity<br>XX245   |   |  |
|   |  |  |                                  | Unit<br>G   |   |  |
|   |  |  |                                  | Waste No.<br>X 1 1 2  |   |  |
| J. Additional Descriptions for Materials Listed Above<br>PETROLEUM OIL ESTD. 50 & T.L.<br>WATER 50  |  |  |                                  | K. Handling Codes for Wastes Listed Above<br>a. 1 0 4<br>b. T T<br>c.<br>d. |   |  |
| 15. Special Handling Instructions and Additional Information<br>DECAL 66678<br>DECAL X<br>E.P.G. 27 (1993-27)<br>EMERGENCY RESPONSE PHONE 8AM 4PM 609 769 1188<br>201 935 1254<br>FILTRATION  |  |  |                                  |   |   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generated the best waste management method that is available to me and that I can afford. |  |  |                                  |   |   |  |
| Printed/Typed Name<br>Thomas J. R...<br>Signature<br>[Signature]  |  |  | Mon...                           |   |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>William Bowers<br>Signature<br>William Bowers  |  |  | Mon... X3X395                    |   |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Signature  |  |  | Mon...                           |   |   |  |
| 19. Discrepancy Indication Space  |  |  |                                  |   |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature   |  |  |                                  |   |   |  |

NJA 207421





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.                          | Manifest Document No. | 2. Page 1 of 1  | Information in the shaded areas is not required by Federal law. |              |
|--|--|---|-----------------------|---|---|--------------|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>600 WASHINGTON AVENUE<br>CARLISLE, NEW JERSEY 07072   |  | 4. Generator's Phone (201) 935-1254                   |                       | A. State Manifest Document Number<br><b>NJA 2039904</b> |   |              |
| 5. Transporter 1 Company Name<br>C. P. WARNER, INC.  |  | 6. US EPA ID Number<br>NJ09011881174                  |                       | B. State Generator's ID (Gen. Site Address)<br>SAME.    |   |              |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                                   |                       | C. State Trans. ID-NJDEPE<br>Decal No. S 0 0 9 3 8      |   |              |
| 9. Designated Facility Name and Site Address<br>C. P. WARNER, INC.<br>EAST LAKE ROAD<br>WOODSTOWN NJ 08098   |  | 10. US EPA ID Number<br>NJ09011881174                 |                       | D. Transporter's Phone (609) 769-1188                   |   |              |
|  |  |   |                       | E. State Trans. ID-NJDEPE<br>Decal No.                  |   |              |
|  |  |   |                       | F. Transporter's Phone ( )                              |   |              |
|  |  |   |                       | G. State Facility's ID 170981HP03                       |   |              |
|  |  |   |                       | H. Facility's Phone (609) 769-1188                      |   |              |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. X COMBUSTIBLE LIQUID, N.O.S., NA1993, PGIII (USED OIL) (NOT EPA REGULATED)  |  | 12. Containers<br>No. Type                            |                       | 13. Total Quantity                                      | 14. Unit Wt/Vol   | 1. Waste No. |
| b.   |  | 0 0 1 1 1   |                       | XX653   | G   | X 1 2 2      |
| c.   |  |   |                       |   |   |              |
| d.   |  |   |                       |   |   |              |
| J. Additional Descriptions for Materials Listed Above<br>PETROLEUM OIL ESTD. 20 I.L.<br>WATER 80   |  | K. Handling Codes for Wastes Listed Above<br>a. 1 0 4 |                       | c. d.   |   |              |
| 15. Special Handling Instructions and Additional Information<br>DECAL TRACTOR 4<br>DECAL TRAILER 4<br>E.R.G. 27 (1993-27)  |  | EMERGENCY RESPONSE PHONE (201) 935-1254<br>FILTRATION |                       |   |   |              |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |                       |   |   |              |
| Printed/Typed Name   |  | Signature   |                       |   | Month Day Year  |              |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name William Bowers   |  | Signature William Bowers                              |                       |   | Month Day Year X3X295   |              |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature   |                       |   | Month Day Year  |              |
| 19. Discrepancy Indication Space<br>16 Date 03-02-95   |  |   |                       |   |   |              |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name Signature Month Day Year  |  |   |                       |   |   |              |

GENERATOR

TRANSPORTER

FACILITY

NJA 2039904



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Form Approved. OMB No. 2050-0039 Expires 9-30-94

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| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br><b>13D126517524</b> | Manifest Document No. | 2. Page 1 of  | Information in the shaded areas is not required by Federal law |                                  |                 |              |  |          |
|--|--|---|-----------------------|---|--|----------------------------------|-----------------|--------------|--|----------|
| 3. Generator's Name and Mailing Address  |  |   |                       | A. State Manifest Document Number<br><b>NJA 2074213</b>   |  |                                  |                 |              |  |          |
| 4. Generator's Phone ( )   |  |   |                       | B. State Generator's ID-(Gen. Site Address)<br><b>NAH</b> |  |                                  |                 |              |  |          |
| 5. Transporter 1 Company Name  |  | 6. US EPA ID Number                                 |                       | C. State Trans. ID-NJDEPE<br>Decal No.-                   |  |                                  |                 |              |  |          |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                                 |                       | D. Transporter's Phone ( )                                |  |                                  |                 |              |  |          |
| 9. Designated Facility Name and Site Address   |  | 10. US EPA ID Number                                |                       | E. State Trans. ID-NJDEPE<br>Decal No.-                   |  |                                  |                 |              |  |          |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM   |  |   |                       | 12. Containers  |  | 13. Total Quantity               | 14. Unit Wt/Vol | 1. Waste No. |  |          |
|  |  |   |                       | No.   | Type   |                                  |                 |              |  |          |
|  |  |   |                       | a. <b>X2215</b>   |  |                                  |                 |              |  | <b>2</b> |
|  |  |   |                       | b.  |  |                                  |                 |              |  |          |
| c.   |  |   |                       |   |  |                                  |                 |              |  |          |
| d.   |  |   |                       |   |  |                                  |                 |              |  |          |
| J. Additional Descriptions for Materials Listed Above<br><b>75</b>   |  |   |                       | K. Handling Codes for Wastes Listed Above                 |  |                                  |                 |              |  |          |
| a.   |  |   |                       | a.  |  | c.                               |                 |              |  |          |
| b.   |  |   |                       | b.  |  | d.                               |                 |              |  |          |
| 15. Special Handling Instructions and Additional Information<br><b>1143 1st from manifest page</b>   |  |   |                       |   |  |                                  |                 |              |  |          |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |                       |   |  |                                  |                 |              |  |          |
| Printed/Typed Name   |  |   |                       | Signature   |  | Month Day Year<br><b>12-1-95</b> |                 |              |  |          |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |                       | Signature   |  | Month Day Year<br><b>12-8-95</b> |                 |              |  |          |
| Printed/Typed Name<br><b>William Brown</b>   |  |   |                       | Signature<br><b>William Brown</b>                         |  |                                  |                 |              |  |          |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |                       | Signature   |  | Month Day Year                   |                 |              |  |          |
| Printed/Typed Name   |  |   |                       | Signature   |  |                                  |                 |              |  |          |
| 19. Discrepancy Indication Space   |  |   |                       |   |  |                                  |                 |              |  |          |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.   |  |   |                       |   |  |                                  |                 |              |  |          |
| Printed/Typed Name   |  |   |                       | Signature   |  | Month Day Year                   |                 |              |  |          |

of an emergency or spill, immediately call the state the emergency protection and energy. (www) 2007



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved OMB No. 2050-0039 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br>NJ 09837-0000 |  | Manifest Document No. |  | 2. Page 1 of 1   |  | Information in the shaded areas is not required by Federal law. |                      |                           |
|--|--|---|--|-----------------------|--|--|--|---|----------------------|---------------------------|
| 3. Generator's Name and Mailing Address<br>THE NY TIMES<br>3003 WOODBRIDGE AVE.<br>EDISON NJ 08837-0000  |  |   |  |                       |  | A. State Manifest Document Number<br><b>NJA 1970210</b>            |  |   |                      |                           |
| 4. Generator's Phone (201) 936-9524  |  |   |  |                       |  | B. State Generator's ID (Gen. Site Address)<br>600 WASHINGTON AVE. |  |   |                      |                           |
| 5. Transporter 1 Company Name<br>CLEAN VENTURE INC.  |  |   |  |                       |  | C. State Trans. ID-NJDEPE<br>NJ 00000-0000<br>Decal No. 65646      |  |   |                      |                           |
| 7. Transporter 2 Company Name  |  |   |  |                       |  | D. Transporter's Phone (908) 442-4900                              |  |   |                      |                           |
| 9. Designated Facility Name and Site Address<br>CYCLE CHEM INC.<br>217 SOUTH FIRST ST.<br>ELIZABETH NJ 07206-0000  |  |   |  |                       |  | E. State Trans. ID-NJDEPE<br>Decal No.                             |  |   |                      |                           |
| 10. US EPA ID Number<br>NJ 0002200046  |  |   |  |                       |  | F. Transporter's Phone ( )   |  |   |                      |                           |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM WASTE GASOLINE MIXTURE<br>3 UN1203 PGII<br>0001 B018  |  |   |  |                       |  | 12. Containers<br>No. Type<br>XXI DM                               |  | 13. Total Quantity<br>35  | 14. Unit Wt/Vol<br>6 | 1. Waste No.<br>0001 B018 |
| Additional Descriptions for Materials Listed Above<br>I.E.L. water 85-95% gasoline<br>gasoline 1-10%, still 1-5%   |  |   |  |                       |  | K. Handling Codes for Wastes Listed Above<br>S0                    |  |   |                      |                           |
| 15. Special Handling Instructions and Additional Information<br>ERG#27<br>A1348067-00W -01<br>EMERGENCY PHONE 908-442-4900<br>Note: XT 33UV  |  |   |  |                       |  |  |  |   |                      |                           |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping classification, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimize future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation by the best waste management method that is available to me and that I can afford. |  |   |  |                       |  |  |  |   |                      |                           |
| Printed/Typed Name<br>MICHAEL GIERBAI NYTIMES  |  |   |  |                       |  | Signature<br>Michael Gierbai NYTIMES                               |  |   |                      |                           |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>PAUL FARRIZIO   |  |   |  |                       |  | Signature<br>Paul Farrizio   |  |   |                      |                           |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  |   |  |                       |  | Signature  |  |   |                      |                           |
| 19. Discrepancy Indication Space   |  |   |  |                       |  |  |  |   |                      |                           |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>J. J. J. J.  |  |   |  |                       |  |  |  |   |                      |                           |

GENERATOR

TRANSPORTER

FACILITY

NJA 1970210



# CYCLE CHEM

RECYCLING TREATMENT & DISPOSAL OF HAZARDOUS WASTE

5/09/95

THE NY TIMES  
303 WOODBRIDGE AVE.

600 WASHINGTON AVE.

EDISON NJ 08837-0000

CARLSTADT NJ 00000-0000

Re: Certificate of Disposal

Dear Sir/Madam:-

This letter is to certify that Cycle Chem, Inc. EPA ID No. NJ0002200042 has accepted and processed the following shipments.

This acceptance is in accordance with all State and Federal Regulations and with the conditions set forth in Cycle Chem's Hazardous Waste Facility Permit.

| PROD SEC  | MANIFEST   | DATE IN/ | MANIFEST  |      | DISPOSAL SITE             |
|-----------|------------|----------|-----------|------|---------------------------|
| CODE #    | IN         | DATE OUT | OUT       | SENT | AND METHOD                |
| LEH011 01 | NJA1970210 | 4/05/95  | MI4128441 | 1 DM | CITY ENVIRONMENTAL-HARPER |
|           |            | 4/27/95  |           |      | STABILIZATION/LANDFILL    |

If there are any further questions about the disposal of your waste, please do not hesitate to call.

Sincerely,

Gary Hoadley  
General Manager

Please type (or print) (Form designed for use on file (12 inch typewriter))

|  |  |   |                                     |                                   |   |
|--|--|---|-------------------------------------|-----------------------------------|---|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><b>NOE-00001200</b>   | Manifest Document No.<br><b>001</b> | 2. Page 1 of 1                    | Information in the shaded areas is not required by Federal law, but may be required by State law. |
| 3. Generator's Name and Mailing Address<br><b>The New York Times</b><br><b>600 Washington Ave., Easttown, CT 07072</b>   |  |   |                                     |                                   |   |
| 4. Generator's Phone ( ) <b>203-451-1500</b>   |  |   |                                     |                                   |   |
| 5. Transporter 1 Company Name<br><b>Western Express, Inc.</b>  |  | 6. US EPA ID Number<br><b>WJ0906007380</b>  |                                     |                                   |   |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number   |                                     |                                   |   |
| 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Oil, Inc.</b><br><b>1295 Old Colony Road</b><br><b>Hillingford, CT 06432</b>  |  | 10. US EPA ID Number<br><b>CT0010044050</b>   |                                     |                                   |   |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)<br><b>Flammable Corrosive, Liquid</b><br><b>500 Gallon Non-Hazardous Material</b><br><b>(Oil)</b>   |  | 12. Containers<br><b>233</b>  |                                     | 13. Total Quantity<br><b>50</b>   |   |
| 15. Special Handling Instructions and Additional Information<br><b>HAZARDOUS SOLIDS - 1.00 AL-101</b><br><b>42-44 PESTIC</b>   |  | This material will be incinerated at<br><b>Oyster Martin System of Newburgh, NY</b><br><b>Under Approval 2177</b> |                                     |                                   |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and all applicable State laws and regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the most feasible method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |                                     |                                   |   |
| Printed/Typed Name<br><b>LEAH A. HIGLEY</b>  |  | Signature<br><i>[Signature]</i>   |                                     | Month Day Year<br><b>11-20-11</b> |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>[Signature]</b>  |  | Signature<br><i>[Signature]</i>   |                                     | Month Day Year<br><b>11-20-11</b> |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>[Signature]</b>  |  | Signature<br><i>[Signature]</i>   |                                     | Month Day Year<br><b>11-20-11</b> |   |
| 19. Discrepancy Indication Space   |  |   |                                     |                                   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name<br><b>LEAH A. HIGLEY</b>  |  |   |                                     |                                   |   |
| Signature<br><i>[Signature]</i>  |  | Month Day Year<br><b>11-20-11</b>   |                                     |                                   |   |



FOR SPILLS WITHIN CONNECTICUT, CONTACT CT DEP - OIL AND CHEMICAL SPILL RESPONSE AT (203) 566-3338  
CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD, 1-800-424-8802  
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD, 1-800-424-8802

DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNIFORM HAZARDOUS WASTE MANIFEST  
FOR STATE USE ONLY

|   |  |   |  |                                   |   |
|---|--|---|--|-----------------------------------|---|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>Not Required</b>   | Manifest Document No.<br><b>101113</b> | 2. Page 1 of 1                    | Information in the shaded areas is not required by Federal law, but may be required by State law. |
| 3. Generator's Name and Mailing Address<br><b>The New York Times<br/>605 Washington Ave., Charlotte, NJ 07072</b>   |  |   |  |                                   |   |
| 4. Generator's Phone<br><b>201 353-1500</b>   |  | 6. US EPA ID Number<br><b>H.J.D.93656241</b>  |  |                                   |   |
| 5. Transporter 1 Company Name<br><b>Howell Transportation Co., Inc.</b>   |  | 8. US EPA ID Number<br><b>CT06155400</b>  |  |                                   |   |
| 7. Transporter 2 Company Name   |  | 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Mgmt., Inc.<br/>1250 Old Colony Road<br/>Wallingford, CT 06492</b> |  |                                   |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)<br><b>Waste Chemical, Liquid<br/>Non-FLZ/Non-PCRA Regulated Material<br/>(Ink)</b>  |  | 12. Containers<br><b>1170</b>   |  | 13. Quantity<br><b>4735</b>       | 14. No./Vol.  |
| 15. Special Handling Instructions and Additional Information<br><b>Emergency Contact 1-800-235-1453<br/>NJ-SEA 18819, DCA 27851 &amp; 27852</b><br><b>Open Martin System of Everhill MA<br/>Under Approval 217.</b><br><b>Point of Departure</b>  |  |   |  |                                   |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway, according to applicable international and national regulations, and all applicable State laws and regulations.<br>If I am a large quantity generator, I certify that I have made an effort to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the most suitable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is feasible to me and that I can afford. |  |   |  |                                   |   |
| Printed/Typed Name<br><b>GLENY D. HUGHES</b>  |  | Signature<br><i>Gleny D. Hughes</i>   |  | Month Day Year<br><b>12 7 15</b>  |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Alan Ferlin</b>   |  | Signature<br><i>Alan Ferlin</i>   |  | Month Day Year<br><b>12 27 15</b> |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  | Signature   |  | Month Day Year                    |   |
| 19. Discrepancy Indication Space  |  |   |  |                                   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19:<br>Printed/Typed Name  |  |   |  |                                   |   |

COPY 8: GENERATOR RETAINS

CT 10396429

lenc Court • Suite 5 • Belle Mead, NJ 08502



800-846-7589 • 908-874-7888 • Fax 908-874-5328

Date: 12-6-95

Time: \_\_\_\_\_

Please deliver the following to:

Name: Glenn Hughes (FAX 908-603-4028)The New York TimesSpecial Message: RE: Manifests CTF0396429 & CTF0396428The material will be disposed of by waste-to-energy incineration.From: Janet for Stephen GephartNumber of pages sent (including the cover sheet): 1

**Westates Carbon-Arizona, Inc.**

2523 Mutahar Street Box E - Parker, AZ 85344 - (520) 669-5758 Fax: (520) 669-5775

January 4, 1996

**GLENN D. HUGHES****NEW YORK TIMES****600 WOODBRIDGE AVE.****EDISON****NJ 08837****FAX: (908) 603-4028****Contact Phone (908) 603-4096****RE: WCAI APPROVAL NUMBER**

The following Spent Carbon Profile has been approved for acceptance at the Westates Carbon-Arizona, Inc. carbon reactivation facility:

|                              |                               |
|------------------------------|-------------------------------|
| <b>GENERATOR:</b>            | <b>NEW YORK TIMES, INC.</b>   |
| <b>EPA ID Number</b>         | <b>NJD986597524</b>           |
| <b>SITE ADDRESS:</b>         | <b>600 WASHINGTON AVE.</b>    |
| <b>CITY/STATE/ZIP:</b>       | <b>CARLSTADT NJ 07072</b>     |
| <b>CARBON TYPE:</b>          | <b>AQUA</b>                   |
| <b>WASTE CODES APPROVED:</b> | <b>NON-HAZARDOUS MATERIAL</b> |
| <b>PROFILE NUMBER:</b>       | <b>950002NH</b>               |
| <b>VALID THROUGH:</b>        | <b>January 4, 1998</b>        |

Please feel free to call the undersigned at 520-669-5758 if you have any questions.

Sincerely,

**Marcia Going**  
**Chemist/Profile Coordinator**





# NAPORANO IRON & METAL COMPANY

P.O. BOX 5158 • NEWARK, N.J. 07105

PRIDE IN PERFORMANCE®

*NY Times*

PLANT LOCATION:

FOOT OF HAWKINS STREET

DATE: 95 DEC 07 , TIME: 02.52 PM / 03.17 PM

\*\*\* CERTIFICATE OF WEIGHT \*\*\*

RECEIPT NO: 313676

SUPPLIER: CASTELTON

VEHICLE:

GROSS: 62800 LBS, TARE: 42800 LBS, DEDUCT: 0 LBS (

), NET: 20000 LBS / 8.93 GT

| PRODUCT DESCRIPTION    | LBS   | GT   | PRICE PER | AMOUNT | LOC |
|------------------------|-------|------|-----------|--------|-----|
| 106 UPPD #1 LBTY/SHEAR | 20000 | 8.93 |           |        | LI  |

FREIGHT CHARGE / LOAD

WASTE CHARGE

TOTAL AMOUNT DUE SUPPLIER

PROMPT PAYMENT RECEIPT



# NAPORANO IRON & METAL COMPANY

P.O. BOX 5158 • NEWARK, N.J. 07105

PRIDE IN PERFORMANCE®

FOOT OF HAWKINS STREET

RECEIPT NO: 313761

PLANT LOCATION:

DATE: 95 DEC 08 , TIME: 10.32 AM / 10.43 AM

\*\*\* CERTIFICATE OF WEIGHT \*\*\*

SUPPLIER: Cumiskey, Frank

GROSS: 53000 LBS, TARE: 36020 LBS, DEDUCT: 0 LBS ( ), NET: 16980 LBS / 7.58 GT

| PRODUCT DESCRIPTION | LBS   | GT   | PRICE PER | AMOUNT | LOC |
|---------------------|-------|------|-----------|--------|-----|
| 100 UPPD #1 HMS     | 16980 | 7.58 |           |        | SH  |

NEW YORK TIMES

FREIGHT CHARGE / LOAD  
WASTE CHARGE  
TOTAL AMOUNT DUE SUPPLIER

PROMPT PAYMENT RECEIPT



# NAPORANO IRON & METAL COMPANY

P.O. BOX 5158 • NEWARK, N.J. 07105

PRIDE IN PERFORMANCE®

PLANT LOCATION:

FOOT OF HAWKINS STREET

DATE: 95 DEC 05 TIME: 08.32 AM / 08.43 AM

\*\*\* CERTIFICATE OF WEIGHT \*\*\*

RECEIPT NO: 313156

SUPPLIER: Cumiskey, Frank

VEHICLE:

GROSS: 54040 LBS, TARE: 36020 LBS, DEDUCT: 0 LBS (

), NET: 18020 LBS / 8.04 GT

| PRODUCT | DESCRIPTION | LBS   | GT   | PRICE PER | AMOUNT | LOC |
|---------|-------------|-------|------|-----------|--------|-----|
| 100     | UPPD #1 HNS | 18020 | 8.04 |           |        | SH  |

*New York Times*

FREIGHT CHARGE / LOAD  
WASTE CHARGE  
TOTAL AMOUNT DUE SUPPLIER

PROMPT PAYMENT RECEIPT



# NAPORANO IRON & METAL COMPANY

P.O. BOX 5158 • NEWARK, N.J. 07105

PRIDE IN PERFORMANCE®

LOCATION:

FOOT OF HAWKINS STREET

DATE: 95 DEC 15, TIME: 12.54 PM / 01.13 PM

BUYER: Cumiskey, Frank

ROSS: 41620 LBS, TARE: 36240 LBS, DEDUCT: 0 LBS (

CERTIFICATE OF WEIGHT \*\*\*

RECEIPT NO: 314592

VEHICLE: 5380 LBS / 2.40 GT

), NET:

| PRODUCT DESCRIPTION | LBS  | GT   | PRICE PER | AMOUNT | LOC |
|---------------------|------|------|-----------|--------|-----|
| 307 UPPD TANKS      | 5380 | 2.40 |           |        | LI  |

*N.Y. Times Bank  
mfr. scrap from yard*

FREIGHT CHARGE / LOAD  
WASTE CHARGE  
TOTAL AMOUNT DUE SUPPLIER

OMPT PAYMENT RECEIPT

MXI

STRAIGHT BILL OF LADING

DATE 12.07.95

P.O. Box 278 • Somerville, NJ 08876 • (908) 271-0520

FB# B000934

|   |            |                              |                     |
|---|------------|------------------------------|---------------------|
| SHIPPER<br>New York Times   |            | CONSIGNEE<br>Comm. Waste oil |                     |
| STREET<br>600 Washington Ave  |            | STREET                       |                     |
| CITY<br>Chilistad   | STATE<br>N | ZIP                          | CITY<br>Wallingford |
| STATE<br>CT   |            |                              | ZIP                 |
| TRAILER #<br>5065   | SEAL #     | PUP #                        | CUSTOMER #<br>DCS   |
| REMARKS<br>DRUMS HAD to Be cleaned to Be Shippable<br>ON SITE 1130 - 1200 |            |                              | PREPAID             |
| DESCRIPTION<br>P10 + DELL Drums   |            |                              | WEIGHT              |

RECEIVED IN GOOD CONDITION - SEAL INTACT

CUSTOMER SIGNATURE

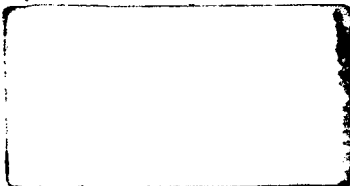
DRIVER SIGNATURE

DATE

TIME IN 0930

TIME OUT 1930

DATE



## DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNIFORM HAZARDOUS WASTE MANIFEST

Please type (or print) (Form designed for use on 400-4000 (12 inch) typewriter)

FOR STATE USE ONLY

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>NOE R 001500</b>   | Manifest Document No.<br><b>1</b>                      | 2. Page 1                                    | Information in the shaded areas is not required for this form. |
| 3. Generator's Name and Mailing Address<br><b>The New York Times<br/>600 Washington Ave., New York, NY 10032</b>  |  | 4. Generator's Phone<br><b>201 463-1500</b>   | 5. Transporter 1 Company Name<br><b>Amesbury, Inc.</b> | 6. US EPA ID Number<br><b>NJ D 906607380</b> |  |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number   |  |  |  |
| 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Oil, Inc.<br/>1250 Old Colony Road<br/>Millingford, CT 06492</b>   |  | 10. US EPA ID Number<br><b>CT D 018444</b>  |  |  |  |
| 11. Describe the waste(s) being transported, including the quantity, and the container type(s).   |  | 12. Containers  |  |  |  |
| 13. Describe the waste(s) being transported, including the quantity, and the container type(s).   |  | 14. Containers  |  |  |  |
| 15. Special Handling Instructions and Additional Information<br><b>Emergency Contact 1-800-451-5555<br/>NY-SN Permit# 72730<br/>CT-111613</b>   |  | This material will be incinerated at<br>Ogle Martin Systems of Newhill, MA<br>Under Approval 217422 |  |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified as such in accordance with the applicable Federal and State laws and regulations, and that the waste is not a large quantity generator. |  | Point of Departure: <b>TRANSPORTER'S OFFICE</b>   |  |  |  |
| 17. Transporter 1 Acknowledgment of Receipt of Materials<br>Printed/Typed Name: <b>Glenn D. Hughes</b> Signature: <i>Glenn D. Hughes</i> Date: <b>1.20.7.15</b>   |  |   |  |  |  |
| 18. Transporter 2 Acknowledgment of Receipt of Materials<br>Printed/Typed Name: <b>R. J. Verrill</b> Signature: <i>R. J. Verrill</i> Date: <b>1.21.7.15</b>   |  |   |  |  |  |
| 19. Disposal or Recycling Information: The waste described in this manifest is being disposed of or recycled at the following facility: <b>Connecticut Waste Oil, Inc.</b>  |  |   |  |  |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest.   |  |   |  |  |  |



DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNIFORM HAZARDOUS WASTE MANIFEST

FOR STATE USE ONLY

Please type (or print) (Form designed for use on 50% recycled paper)

|  |  |  |  |           |   |
|--|--|--|--|-----------|---|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | Generator's US EPA ID No.<br><b>000000000000000000</b>   | Manifest Document No.<br><b>000000000000000000</b> | 2. Page 1 | Information in the shaded areas is not required to be filled in. It may be used for State use only. |
| 1. Generator's Name and Address<br><b>The New York Times</b><br><b>600 Madison Avenue</b><br><b>New York, NY 10022</b>                           |  | 2. Generator's Phone<br><b>212-512-2000</b>  |  |           |   |
| 3. Transporter 1 Company Name<br><b>Deane Bros., Inc.</b>  |  | 4. Transporter 1 US EPA ID Number<br><b>000000000000000000</b>   |  |           |   |
| 5. Transporter 2 Company Name<br><b>Deane Bros., Inc.</b>  |  | 6. Transporter 2 US EPA ID Number<br><b>000000000000000000</b>   |  |           |   |
| 7. Designated Facility Name and Address<br><b>Connecticut Waste Oil, Inc.</b><br><b>1200 Old Colony Road</b><br><b>Wallington, CT 06492</b>      |  | 8. Designated Facility US EPA ID Number<br><b>000000000000000000</b>   |  |           |   |
| 9. Date of Shipment<br><b>11/20/75</b>   |  | 10. Date of Receipt<br><b>11/20/75</b>   |  |           |   |
| 11. Description of Material<br><b>Used Oil</b>   |  | 12. Quantity<br><b>1000 Gallons</b>  |  |           |   |
| 13. Special Handling Instructions and Additional Comments<br><b>See CT DEP Form 380-22A Hazardous Waste Manifest (1975)</b>                      |  | 14. Signature of Generator Representative<br><b>Glenn D. [Signature]</b><br>Date<br><b>11/20/75</b>  |  |           |   |
| 15. Signature of Transporter Representative<br><b>R. J. [Signature]</b><br>Date<br><b>11/20/75</b>   |  | 16. Signature of Facility Representative<br><b>[Signature]</b><br>Date<br><b>11/20/75</b>  |  |           |   |
| 17. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as indicated in the shaded areas. |  | 18. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as indicated in the shaded areas. |  |           |   |
| 19. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as indicated in the shaded areas. |  | 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as indicated in the shaded areas. |  |           |   |

Copy 2: Generator Mails to Generator State

CT F 0396428





## DEPARTMENT OF ENVIRONMENTAL PROTECTION

UNIFORM HAZARDOUS WASTE MANIFEST

Please type (or print) (Form designed for use on side (12 pitch) type)

FOR STATE USE ONLY

|  |  |   |                                       |                 |  |
|--|--|---|---------------------------------------|-----------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.<br><b>01072</b>        | Manifest Document No.<br><b>01072</b> | 2. Page 1       | Information in the shaded areas is not required by the manifest law, but may be required by the transporter. |
| 3. Generator's Name and Main Address<br><b>The New York Times<br/>630 Washington Ave., Carlisle, MA 01872</b>                        |  |   |                                       |                 |  |
| 4. Generator's Phone (201) <b>803-1500</b>   |  |   |                                       |                 |  |
| 5. Transporter 1 Company Name<br><b>Dowell Transportation Co., Inc.</b>  |  | 6. US EPA ID Number<br><b>N.J.D.9.8.6.5.6.2.4.1</b> |                                       |                 |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                                 |                                       |                 |  |
| 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Oil, Inc.<br/>1250 Old Colony Road<br/>Middletown, CT 06492</b> |  | 10. US EPA ID Number<br><b>CT001384000</b>          |                                       |                 |  |
| 11. Description of Hazardous Waste (including proper shipping name, hazard class, and quantity)                                      |  | 12. Containers                                      |                                       | 13. Manifest    |  |
| a. <b>Waste Oil, Light</b>   |  | b. <b>27305</b>                                     |                                       | c. <b>1/13</b>  |  |
| b. <b>Insulated Material</b>   |  | c. <b>27305</b>                                     |                                       | d. <b>1/13</b>  |  |
| c. <b>Insulated Material</b>   |  | d. <b>27305</b>                                     |                                       | e. <b>1/13</b>  |  |
| d. <b>Insulated Material</b>   |  | e. <b>27305</b>                                     |                                       | f. <b>1/13</b>  |  |
| e. <b>Insulated Material</b>   |  | f. <b>27305</b>                                     |                                       | g. <b>1/13</b>  |  |
| f. <b>Insulated Material</b>   |  | g. <b>27305</b>                                     |                                       | h. <b>1/13</b>  |  |
| g. <b>Insulated Material</b>   |  | h. <b>27305</b>                                     |                                       | i. <b>1/13</b>  |  |
| h. <b>Insulated Material</b>   |  | i. <b>27305</b>                                     |                                       | j. <b>1/13</b>  |  |
| i. <b>Insulated Material</b>   |  | j. <b>27305</b>                                     |                                       | k. <b>1/13</b>  |  |
| j. <b>Insulated Material</b>   |  | k. <b>27305</b>                                     |                                       | l. <b>1/13</b>  |  |
| k. <b>Insulated Material</b>   |  | l. <b>27305</b>                                     |                                       | m. <b>1/13</b>  |  |
| l. <b>Insulated Material</b>   |  | m. <b>27305</b>                                     |                                       | n. <b>1/13</b>  |  |
| m. <b>Insulated Material</b>   |  | n. <b>27305</b>                                     |                                       | o. <b>1/13</b>  |  |
| n. <b>Insulated Material</b>   |  | o. <b>27305</b>                                     |                                       | p. <b>1/13</b>  |  |
| o. <b>Insulated Material</b>   |  | p. <b>27305</b>                                     |                                       | q. <b>1/13</b>  |  |
| p. <b>Insulated Material</b>   |  | q. <b>27305</b>                                     |                                       | r. <b>1/13</b>  |  |
| q. <b>Insulated Material</b>   |  | r. <b>27305</b>                                     |                                       | s. <b>1/13</b>  |  |
| r. <b>Insulated Material</b>   |  | s. <b>27305</b>                                     |                                       | t. <b>1/13</b>  |  |
| s. <b>Insulated Material</b>   |  | t. <b>27305</b>                                     |                                       | u. <b>1/13</b>  |  |
| t. <b>Insulated Material</b>   |  | u. <b>27305</b>                                     |                                       | v. <b>1/13</b>  |  |
| u. <b>Insulated Material</b>   |  | v. <b>27305</b>                                     |                                       | w. <b>1/13</b>  |  |
| v. <b>Insulated Material</b>   |  | w. <b>27305</b>                                     |                                       | x. <b>1/13</b>  |  |
| w. <b>Insulated Material</b>   |  | x. <b>27305</b>                                     |                                       | y. <b>1/13</b>  |  |
| x. <b>Insulated Material</b>   |  | y. <b>27305</b>                                     |                                       | z. <b>1/13</b>  |  |
| y. <b>Insulated Material</b>   |  | z. <b>27305</b>                                     |                                       | aa. <b>1/13</b> |  |
| z. <b>Insulated Material</b>   |  | aa. <b>27305</b>                                    |                                       | ab. <b>1/13</b> |  |
| aa. <b>Insulated Material</b>  |  | ab. <b>27305</b>                                    |                                       | ac. <b>1/13</b> |  |
| ab. <b>Insulated Material</b>  |  | ac. <b>27305</b>                                    |                                       | ad. <b>1/13</b> |  |
| ac. <b>Insulated Material</b>  |  | ad. <b>27305</b>                                    |                                       | ae. <b>1/13</b> |  |
| ad. <b>Insulated Material</b>  |  | ae. <b>27305</b>                                    |                                       | af. <b>1/13</b> |  |
| ae. <b>Insulated Material</b>  |  | af. <b>27305</b>                                    |                                       | ag. <b>1/13</b> |  |
| af. <b>Insulated Material</b>  |  | ag. <b>27305</b>                                    |                                       | ah. <b>1/13</b> |  |
| ag. <b>Insulated Material</b>  |  | ah. <b>27305</b>                                    |                                       | ai. <b>1/13</b> |  |
| ah. <b>Insulated Material</b>  |  | ai. <b>27305</b>                                    |                                       | aj. <b>1/13</b> |  |
| ai. <b>Insulated Material</b>  |  | aj. <b>27305</b>                                    |                                       | ak. <b>1/13</b> |  |
| aj. <b>Insulated Material</b>  |  | ak. <b>27305</b>                                    |                                       | al. <b>1/13</b> |  |
| ak. <b>Insulated Material</b>  |  | al. <b>27305</b>                                    |                                       | am. <b>1/13</b> |  |
| al. <b>Insulated Material</b>  |  | am. <b>27305</b>                                    |                                       | an. <b>1/13</b> |  |
| am. <b>Insulated Material</b>  |  | an. <b>27305</b>                                    |                                       | ao. <b>1/13</b> |  |
| an. <b>Insulated Material</b>  |  | ao. <b>27305</b>                                    |                                       | ap. <b>1/13</b> |  |
| ao. <b>Insulated Material</b>  |  | ap. <b>27305</b>                                    |                                       | aq. <b>1/13</b> |  |
| ap. <b>Insulated Material</b>  |  | aq. <b>27305</b>                                    |                                       | ar. <b>1/13</b> |  |
| aq. <b>Insulated Material</b>  |  | ar. <b>27305</b>                                    |                                       | as. <b>1/13</b> |  |
| ar. <b>Insulated Material</b>  |  | as. <b>27305</b>                                    |                                       | at. <b>1/13</b> |  |
| as. <b>Insulated Material</b>  |  | at. <b>27305</b>                                    |                                       | au. <b>1/13</b> |  |
| at. <b>Insulated Material</b>  |  | au. <b>27305</b>                                    |                                       | av. <b>1/13</b> |  |
| au. <b>Insulated Material</b>  |  | av. <b>27305</b>                                    |                                       | aw. <b>1/13</b> |  |
| av. <b>Insulated Material</b>  |  | aw. <b>27305</b>                                    |                                       | ax. <b>1/13</b> |  |
| aw. <b>Insulated Material</b>  |  | ax. <b>27305</b>                                    |                                       | ay. <b>1/13</b> |  |
| ax. <b>Insulated Material</b>  |  | ay. <b>27305</b>                                    |                                       | az. <b>1/13</b> |  |
| ay. <b>Insulated Material</b>  |  | az. <b>27305</b>                                    |                                       | ba. <b>1/13</b> |  |
| az. <b>Insulated Material</b>  |  | ba. <b>27305</b>                                    |                                       | bb. <b>1/13</b> |  |
| ba. <b>Insulated Material</b>  |  | bb. <b>27305</b>                                    |                                       | bc. <b>1/13</b> |  |
| bb. <b>Insulated Material</b>  |  | bc. <b>27305</b>                                    |                                       | bd. <b>1/13</b> |  |
| bc. <b>Insulated Material</b>  |  | bd. <b>27305</b>                                    |                                       | be. <b>1/13</b> |  |
| bd. <b>Insulated Material</b>  |  | be. <b>27305</b>                                    |                                       | bf. <b>1/13</b> |  |
| be. <b>Insulated Material</b>  |  | bf. <b>27305</b>                                    |                                       | bg. <b>1/13</b> |  |
| bf. <b>Insulated Material</b>  |  | bg. <b>27305</b>                                    |                                       | bh. <b>1/13</b> |  |
| bg. <b>Insulated Material</b>  |  | bh. <b>27305</b>                                    |                                       | bi. <b>1/13</b> |  |
| bh. <b>Insulated Material</b>  |  | bi. <b>27305</b>                                    |                                       | bj. <b>1/13</b> |  |
| bi. <b>Insulated Material</b>  |  | bj. <b>27305</b>                                    |                                       | bk. <b>1/13</b> |  |
| bj. <b>Insulated Material</b>  |  | bk. <b>27305</b>                                    |                                       | bl. <b>1/13</b> |  |
| bk. <b>Insulated Material</b>  |  | bl. <b>27305</b>                                    |                                       | bm. <b>1/13</b> |  |
| bl. <b>Insulated Material</b>  |  | bm. <b>27305</b>                                    |                                       | bn. <b>1/13</b> |  |
| bm. <b>Insulated Material</b>  |  | bn. <b>27305</b>                                    |                                       | bo. <b>1/13</b> |  |
| bn. <b>Insulated Material</b>  |  | bo. <b>27305</b>                                    |                                       | bp. <b>1/13</b> |  |
| bo. <b>Insulated Material</b>  |  | bp. <b>27305</b>                                    |                                       | bq. <b>1/13</b> |  |
| bp. <b>Insulated Material</b>  |  | bq. <b>27305</b>                                    |                                       | br. <b>1/13</b> |  |
| bq. <b>Insulated Material</b>  |  | br. <b>27305</b>                                    |                                       | bs. <b>1/13</b> |  |
| br. <b>Insulated Material</b>  |  | bs. <b>27305</b>                                    |                                       | bt. <b>1/13</b> |  |
| bs. <b>Insulated Material</b>  |  | bt. <b>27305</b>                                    |                                       | bu. <b>1/13</b> |  |
| bt. <b>Insulated Material</b>  |  | bu. <b>27305</b>                                    |                                       | bv. <b>1/13</b> |  |
| bu. <b>Insulated Material</b>  |  | bv. <b>27305</b>                                    |                                       | bw. <b>1/13</b> |  |
| bv. <b>Insulated Material</b>  |  | bw. <b>27305</b>                                    |                                       | bx. <b>1/13</b> |  |
| bw. <b>Insulated Material</b>  |  | bx. <b>27305</b>                                    |                                       | by. <b>1/13</b> |  |
| bx. <b>Insulated Material</b>  |  | by. <b>27305</b>                                    |                                       | bz. <b>1/13</b> |  |
| by. <b>Insulated Material</b>  |  | bz. <b>27305</b>                                    |                                       | ca. <b>1/13</b> |  |
| bz. <b>Insulated Material</b>  |  | ca. <b>27305</b>                                    |                                       | cb. <b>1/13</b> |  |
| ca. <b>Insulated Material</b>  |  | cb. <b>27305</b>                                    |                                       | cc. <b>1/13</b> |  |
| cb. <b>Insulated Material</b>  |  | cc. <b>27305</b>                                    |                                       | cd. <b>1/13</b> |  |
| cc. <b>Insulated Material</b>  |  | cd. <b>27305</b>                                    |                                       | ce. <b>1/13</b> |  |
| cd. <b>Insulated Material</b>  |  | ce. <b>27305</b>                                    |                                       | cf. <b>1/13</b> |  |
| ce. <b>Insulated Material</b>  |  | cf. <b>27305</b>                                    |                                       | cg. <b>1/13</b> |  |
| cf. <b>Insulated Material</b>  |  | cg. <b>27305</b>                                    |                                       | ch. <b>1/13</b> |  |
| cg. <b>Insulated Material</b>  |  | ch. <b>27305</b>                                    |                                       | ci. <b>1/13</b> |  |
| ch. <b>Insulated Material</b>  |  | ci. <b>27305</b>                                    |                                       | cj. <b>1/13</b> |  |
| ci. <b>Insulated Material</b>  |  | cj. <b>27305</b>                                    |                                       | ck. <b>1/13</b> |  |
| cj. <b>Insulated Material</b>  |  | ck. <b>27305</b>                                    |                                       | cl. <b>1/13</b> |  |
| ck. <b>Insulated Material</b>  |  | cl. <b>27305</b>                                    |                                       | cm. <b>1/13</b> |  |
| cl. <b>Insulated Material</b>  |  | cm. <b>27305</b>                                    |                                       | cn. <b>1/13</b> |  |
| cm. <b>Insulated Material</b>  |  | cn. <b>27305</b>                                    |                                       | co. <b>1/13</b> |  |
| cn. <b>Insulated Material</b>  |  | co. <b>27305</b>                                    |                                       | cp. <b>1/13</b> |  |
| co. <b>Insulated Material</b>  |  | cp. <b>27305</b>                                    |                                       | cq. <b>1/13</b> |  |
| cp. <b>Insulated Material</b>  |  | cq. <b>27305</b>                                    |                                       | cr. <b>1/13</b> |  |
| cq. <b>Insulated Material</b>  |  | cr. <b>27305</b>                                    |                                       | cs. <b>1/13</b> |  |
| cr. <b>Insulated Material</b>  |  | cs. <b>27305</b>                                    |                                       | ct. <b>1/13</b> |  |
| cs. <b>Insulated Material</b>  |  | ct. <b>27305</b>                                    |                                       | cu. <b>1/13</b> |  |
| ct. <b>Insulated Material</b>  |  | cu. <b>27305</b>                                    |                                       | cv. <b>1/13</b> |  |
| cu. <b>Insulated Material</b>  |  | cv. <b>27305</b>                                    |                                       | cw. <b>1/13</b> |  |
| cv. <b>Insulated Material</b>  |  | cw. <b>27305</b>                                    |                                       | cx. <b>1/13</b> |  |
| cw. <b>Insulated Material</b>  |  | cx. <b>27305</b>                                    |                                       | cy. <b>1/13</b> |  |
| cx. <b>Insulated Material</b>  |  | cy. <b>27305</b>                                    |                                       | cz. <b>1/13</b> |  |
| cy. <b>Insulated Material</b>  |  | cz. <b>27305</b>                                    |                                       | da. <b>1/13</b> |  |
| cz. <b>Insulated Material</b>  |  | da. <b>27305</b>                                    |                                       | db. <b>1/13</b> |  |
| da. <b>Insulated Material</b>  |  | db. <b>27305</b>                                    |                                       | dc. <b>1/13</b> |  |
| db. <b>Insulated Material</b>  |  | dc. <b>27305</b>                                    |                                       | dd. <b>1/13</b> |  |
| dc. <b>Insulated Material</b>  |  | dd. <b>27305</b>                                    |                                       | de. <b>1/13</b> |  |
| dd. <b>Insulated Material</b>  |  | de. <b>27305</b>                                    |                                       | df. <b>1/13</b> |  |
| de. <b>Insulated Material</b>  |  | df. <b>27305</b>                                    |                                       | dg. <b>1/13</b> |  |
| df. <b>Insulated Material</b>  |  | dg. <b>27305</b>                                    |                                       | dh. <b>1/13</b> |  |
| dg. <b>Insulated Material</b>  |  | dh. <b>27305</b>                                    |                                       | di. <b>1/13</b> |  |
| dh. <b>Insulated Material</b>  |  | di. <b>27305</b>                                    |                                       | dj. <b>1/13</b> |  |
| di. <b>Insulated Material</b>  |  | dj. <b>27305</b>                                    |                                       | dk. <b>1/13</b> |  |
| dj. <b>Insulated Material</b>  |  | dk. <b>27305</b>                                    |                                       | dl. <b>1/13</b> |  |
| dk. <b>Insulated Material</b>  |  | dl. <b>27305</b>                                    |                                       | dm. <b>1/13</b> |  |
| dl. <b>Insulated Material</b>  |  | dm. <b>27305</b>                                    |                                       | dn. <b>1/13</b> |  |
| dm. <b>Insulated Material</b>  |  | dn. <b>27305</b>                                    |                                       | do. <b>1/13</b> |  |
| dn. <b>Insulated Material</b>  |  | do. <b>27305</b>                                    |                                       | dp. <b>1/13</b> |  |
| do. <b>Insulated Material</b>  |  | dp. <b>27305</b>                                    |                                       | dq. <b>1/13</b> |  |
| dp. <b>Insulated Material</b>  |  | dq. <b>27305</b>                                    |                                       | dr. <b>1/13</b> |  |
| dq. <b>Insulated Material</b>  |  | dr. <b>27305</b>                                    |                                       | ds. <b>1/13</b> |  |
| dr. <b>Insulated Material</b>  |  | ds. <b>27305</b>                                    |                                       | dt. <b>1/13</b> |  |
| ds. <b>Insulated Material</b>  |  | dt. <b>27305</b>                                    |                                       | du. <b>1/13</b> |  |
| dt. <b>Insulated Material</b>  |  | du. <b>27305</b>                                    |                                       | dv. <b>1/13</b> |  |
| du. <b>Insulated Material</b>  |  | dv. <b>27305</b>                                    |                                       | dw. <b>1/13</b> |  |
| dv. <b>Insulated Material</b>  |  | dw. <b>27305</b>                                    |                                       | dx. <b>1/13</b> |  |
| dw. <b>Insulated Material</b>  |  | dx. <b>27305</b>                                    |                                       | dy. <b>1/13</b> |  |
| dx. <b>Insulated Material</b>  |  | dy. <b>27305</b>                                    |                                       | dz. <b>1/13</b> |  |
| dy. <b>Insulated Material</b>  |  | dz. <b>27305</b>                                    |                                       | ea. <b>1/13</b> |  |
| dz. <b>Insulated Material</b>  |  | ea. <b>27305</b>                                    |                                       | eb. <b>1/13</b> |  |
| ea. <b>Insulated Material</b>  |  | eb. <b>27305</b>                                    |                                       | ec. <b>1/13</b> |  |
| eb. <b>Insulated Material</b>  |  | ec. <b>27305</b>                                    |                                       | ed. <b>1/13</b> |  |
| ec. <b>Insulated Material</b>  |  | ed. <b>27305</b>                                    |                                       | ee. <b>1/13</b> |  |
| ed. <b>Insulated Material</b>  |  | ee. <b>27305</b>                                    |                                       | ef. <b>1/13</b> |  |
| ee. <b>Insulated Material</b>  |  | ef. <b>27305</b>                                    |                                       | eg. <b>1/13</b> |  |
| ef. <b>Insulated Material</b>  |  | eg. <b>27305</b>                                    |                                       | eh. <b>1/13</b> |  |
| eg. <b>Insulated Material</b>  |  | eh. <b>27305</b>                                    |                                       | ei. <b>1/13</b> |  |
| eh. <b>Insulated Material</b>  |  | ei. <b>27305</b>                                    |                                       | ej. <b>1/13</b> |  |
| ei. <b>Insulated Material</b>  |  | ej. <b>27305</b>                                    |                                       | ek. <b>1/13</b> |  |
| ej. <b>Insulated Material</b>  |  | ek. <b>27305</b>                                    |                                       | el. <b>1/13</b> |  |
| ek. <b>Insulated Material</b>  |  | el. <b>27305</b>                                    |                                       | em. <b>1/13</b> |  |
| el. <b>Insulated Material</b>  |  | em. <b>27305</b>                                    |                                       | en. <b>1/13</b> |  |
| em. <b>Insulated Material</b>  |  | en. <b>27305</b>                                    |                                       | eo. <b>1/13</b> |  |
| en. <b>Insulated Material</b>  |  | eo. <b>27305</b>                                    |                                       | ep. <b>1/13</b> |  |
| eo. <b>Insulated Material</b>  |  | ep. <b>27305</b>                                    |                                       | eq. <b>1/13</b> |  |
| ep. <b>Insulated Material</b>  |  | eq. <b>27305</b>                                    |                                       | er. <b>1/13</b> |  |
| eq. <b>Insulated Material</b>  |  | er. <b>27305</b>                                    |                                       | es. <b>1/13</b> |  |
| er. <b>Insulated Material</b>  |  | es. <b>27305</b>                                    |                                       | et. <b>1/13</b> |  |
| es. <b>Insulated Material</b>  |  | et. <b>27305</b>                                    |                                       | eu. <b>1/13</b> |  |
| et. <b>Insulated Material</b>  |  | eu. <b>27305</b>                                    |                                       | ev. <b>1/13</b> |  |
| eu. <b>Insulated Material</b>  |  | ev. <b>27305</b>                                    |                                       | ew. <b>1/13</b> |  |
| ev. <b>Insulated Material</b>  |  | ew. <b>27305</b>                                    |                                       | ex. <b>1/13</b> |  |
| ew. <b>Insulated Material</b>  |  | ex. <b>27305</b>                                    |                                       | ey. <b>1/13</b> |  |
| ex. <b>Insulated Material</b>  |  | ey. <b>27305</b>                                    |                                       | ez. <b>1/13</b> |  |
| ey. <b>Insulated Material</b>  |  | ez. <b>27305</b>                                    |                                       | fa. <b>1/13</b> |  |
| ez. <b>Insulated Material</b>  |  | fa. <b>27305</b>                                    |                                       | fb. <b>1/13</b> |  |
| fa. <b>Insulated Material</b>  |  | fb. <b>27305</b>                                    |                                       | fc. <b>1/13</b> |  |
| fb. <b>Insulated Material</b>  |  | fc. <b>27305</b>                                    |                                       | fd. <b>1/13</b> |  |
| fc. <b>Insulated Material</b>  |  | fd. <b>27305</b>                                    |                                       | fe. <b>1/13</b> |  |
| fd. <b>Insulated Material</b>  |  | fe. <b>27305</b>                                    |                                       | ff. <b>1/13</b> |  |
| fe. <b>Insulated Material</b>  |  | ff. <b>27305</b>                                    |                                       | fg. <b>1/13</b> |  |
| ff. <b>Insulated Material</b>  |  | fg. <b>27305</b>                                    |                                       | fh. <b>1/13</b> |  |
| fg. <b>Insulated Material</b>  |  | fh. <b>27305</b>                                    |                                       | fi. <b>1/13</b> |  |
| fh. <b>Insulated Material</b>  |  | fi. <b>27305</b>                                    |                                       | fj. <b>1/13</b> |  |
| fi. <b>Insulated Material</b>  |  | fj. <b>27305</b>                                    |                                       | fk. <b>1/13</b> |  |
| fj. <b>Insulated Material</b>  |  | fk. <b>27305</b>                                    |                                       | fl. <b>1/13</b> |  |
| fk. <b>Insulated Material</b>  |  | fl. <b>27305</b>                                    |                                       | fm. <b>1/13</b> |  |
| fl. <b>Insulated Material</b>  |  | fm. <b>27305</b>                                    |                                       | fn. <b>1/13</b> |  |
| fm. <b>Insulated Material</b>  |  | fn. <b>27305</b>                                    |                                       | fo. <b>1/13</b> |  |
| fn. <b>Insulated Material</b>  |  | fo. <b>27305</b>                                    |                                       | fp. <b>1/13</b> |  |
| fo. <b>Insulated Material</b>  |  | fp. <b>27305</b>                                    |                                       | fq. <b>1/13</b> |  |
| fp. <b>Insulated Material</b>  |  | fq. <b>27305</b>                                    |                                       | fr. <b>1/13</b> |  |
| fq. <b>Insulated Material</b>  |  | fr. <b>27305</b>                                    |                                       | fs. <b>1/13</b> |  |
| fr. <b>Insulated Material</b>  |  | fs. <b>27305</b>                                    |                                       | ft.             |  |

# WESTATES CARBON-ARIZONA, INC. - SPENT CARBON PROFILE FORM

PROFILE APPROVAL NUMBER:

VALID THROUGH:

## A. GENERATOR INFORMATION

|  |  |
|--|--|
| 1. GENERATOR: New York Times, Inc.   | 2. GENERATOR FAX: ( )                    |
| 3. USEPA ID NUMBER: NJD986597524   | 4. STATE ID NUMBER: NJ0081779 (NJPDDES#) |
| 5. GENERATOR MAILING ADDRESS/ZIP CODE: 3003 Woodbridge Avenue, Edison, NJ 08837                |  |
| 6. GENERATOR CONTACT: Glenn D. Hughes/Maint. Mgr.  | 7. PHONE: ( 908 ) 603-4096               |
| 8. GENERATOR SITE ADDRESS/ZIP CODE: 600 Washington Avenue, Carlstadt, NJ 07072                 |  |
| 9. GENERATOR SITE CONTACT: Glenn D. Hughes   | 10. PHONE: ( 908 ) 603-4096              |
| 11. CONSULTING FIRM: Bigler Associates, Inc.   | 12. PHONE: ( 201 ) 296-0712              |
| 13. CONSULTING FIRM ADDRESS/ZIP CODE: 57-59 Grove St., P.O. Box 261, Ridgefield Park, NJ 07660 |  |
| 14. CONSULTING FIRM CONTACT: Daniel Alesandro/VP   | 15. FAX: ( 201 ) 296-0729                |

## B. PROPERTIES AND COMPOSITION OF THE SPENT CARBON

1. PROVIDE A SPECIFIC DESCRIPTION OF THE PROCESS GENERATING THE SPENT CARBON. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Groundwater remediation system from gasoline spill, utilizing two (2) carbon canisters after: Recovery Wells/Oil & Water Separator/Air Stripper/and a Particulate Filter.

|   |                                  |
|---|----------------------------------|
| 2. TYPE OF SPENT CARBON: ( X ) LIQUID ( ) VAPOR   | 3. WCAS CARBON? NO ( ) YES ( X ) |
| 4. CHEMICAL COMPOSITION: LIST ALL CONSTITUENTS PRESENT IN ANY CONCENTRATION. THIS MUST INCLUDE HALOGEN, LEAD, MERCURY, SULFUR CONTENT AND HEATING VALUE PER METHODS LISTED IN WCAS'S WASTE ANALYSIS PLAN. |                                  |

| CONSTITUENT           | CONC. (PPM) | CONSTITUENT | CONC. (PPM) |
|-----------------------|-------------|-------------|-------------|
| See Attached Analysis |             |             |             |
|                       |             |             |             |
|                       |             |             |             |
|                       |             |             |             |

|  |  |
|--|--|
| 5. INDICATE SAMPLE SOURCE AND ATTACH ALL ANALYTICAL. | 6. FREE LIQUID IGNITABLE: NO ( X ) YES ( ) |
| ( ) INFLUENT STREAM ( ) SPENT CARBON                 | FLASHPOINT: DEGREES FAHRENHEIT             |

|                          |   |
|--------------------------|---|
| 7. FREE LIQUID RANGE (%) | 8. FOREIGN MATERIAL NO ( X ) YES ( )                    |
| ( 0 ) TO ( 1 )           | IF YES, A SAMPLE MUST BE SENT TO WCAS PRIOR TO APPROVAL |

|                    |  |
|--------------------|--|
| 9. PH RANGE:       | 10. PROCESS FLOW RATE TO SPENT CARBON BED: |
| ( 6.5 ) TO ( 7.5 ) | ( X ) GPM ( ) CFM                          |

|   |
|---|
| 11. STRONG ODOR: NO ( X ) YES ( ) IF YES, DESCRIBE. |
|---|

12. ADDITIONAL ANALYSES - IF PRESENT CHECK 'YES' AND LIST CONCENTRATION IN PPM - ATTACH SUPPORTING ANALYTICAL.

|                  |                   |                  |                      |
|------------------|-------------------|------------------|----------------------|
| ( X ) NO ( ) YES | PCB'S             | ( X ) NO ( ) YES | CARCINOGEN           |
| ( X ) NO ( ) YES | PYROPHORIC        | ( X ) NO ( ) YES | OTHER METALS         |
| ( X ) NO ( ) YES | EXPLOSIVE         | ( X ) NO ( ) YES | DIOXINS              |
| ( X ) NO ( ) YES | RADIOACTIVE       | ( X ) NO ( ) YES | FURANS               |
| ( X ) NO ( ) YES | INFECTIOUS        | ( X ) NO ( ) YES | DIBROMOCHLOROPROPANE |
| ( X ) NO ( ) YES | SHOCK SENSITIVITY | ( X ) NO ( ) YES | FISH BIOASSY         |
| ( X ) NO ( ) YES | OXIDIZER          | ( X ) NO ( ) YES | OTHER                |

**ANALab inc.**

205 Campus Plaza 1, Raritan Center, Edison, NJ 08837 Tel: (908) 225-4111 Fax: (908) 225-4110

**ANALYTICAL REPORT**  
**PURGEABLE AROMATICS ANALYSIS BY GC (METHOD 8020)****CLIENT: WHEELABRATOR WESTATES**  
**CLIENT PROJECT: N/A**  
**REPORT DATE : NOV. 30 1995**  
**PROJECT RECEIPT DATE : 11/21/95****LAB ID: 95-11-0342-003**  
**ANALYST: MV LK**  
**ANALYSIS DATE: 11/28/95**  
**MATRIX : SOLID****CLIENT SAMPLE DESIGNATION: NYA-003**

| <u>COMPOUND</u>       | <u>RESULTS(UG/L )</u> | <u>MDL(UG/L )</u> |
|-----------------------|-----------------------|-------------------|
| BENZENE               | <1.00                 | 1.00              |
| CHLOROBENZENE         | <1.00                 | 1.00              |
| TOTAL DICHLOROBENZENE | <1.00                 | 1.00              |
| TOLUENE               | 4.73                  | 1.00              |
| ETHYLBENZENE          | <1.00                 | 1.00              |
| TOTAL XYLENES         | <1.00                 | 1.00              |
| TBA                   | <2.00                 | 2.00              |

**COMMENTS:****E = EXCEEDS CALIBRATION RANGE, ESTIMATED VALUE**  
**MDL = METHOD DETECTION LIMIT (MDL).**  
**< = LESS THAN****B8020A**

STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste MANIFEST PROGRAM  
79 Elm St., Hartford, CT 06106-5127

FOR STATE USE ONLY

Please type (or print) Form designed for use on elite (12 pitch) typewriter.

|   |  |   |  |   |  |   |  |   |  |                 |  |                                   |  |
|---|--|---|--|---|--|---|--|---|--|-----------------|--|-----------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br><b>Not Required</b> |  | Manifest Document No.<br><b>3-6-4-2-9</b> |  | 2. Page 1 of 1  |  | Information in the shaded areas is required by Federal law, but may be required by State law. |  |                 |  |                                   |  |
| 3. Generator's Name and Mailing Address<br><b>The New York Times<br/>600 Washington Ave., Carlstadt, NJ 07072</b>   |  |   |  |   |  | A. State Manifest Document Number<br><b>CT F 0396429</b>  |  |   |  |                 |  |                                   |  |
| 4. Generator's Phone (201) 883-1500   |  |   |  |   |  | B. G.S.I. (Gen. Site Address)<br><b>Same</b>  |  |   |  |                 |  |                                   |  |
| 5. Transporter 1 Company Name<br><b>Howell Transportation Co., Inc.</b>   |  |   |  |   |  | 6. US EPA ID Number<br><b>N-J-D-9-8-6-5-6-9-4-1-6</b>   |  |   |  |                 |  |                                   |  |
| 7. Transporter 2 Company Name   |  |   |  |   |  | C. S.T.I. (Trans. Lic. Plate #)<br><b>T1C804</b>  |  |   |  |                 |  |                                   |  |
| 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Oil, Inc.<br/>1250 Old Colony Road<br/>Wallingford, CT 06492</b>   |  |   |  |   |  | D. Tran. Phone (908) 297-2877   |  |   |  |                 |  |                                   |  |
| 10. US EPA ID Number<br><b>C.T.D.0.1.8.8.4.4.0.5.0</b>  |  |   |  |   |  | E. S.T.I. (Trans. Lic. Plate #)   |  |   |  |                 |  |                                   |  |
|   |  |   |  |   |  | F. Tran. Phone ( )  |  |   |  |                 |  |                                   |  |
|   |  |   |  |   |  | G. State Facility's ID (Not Required)   |  |   |  |                 |  |                                   |  |
|   |  |   |  |   |  | H. Facility's Phone (203) 235-8889  |  |   |  |                 |  |                                   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  |   |  |   |  | 12. Containers  |  | 13. Total Quantity  |  | 14. Unit Wt/Vol |  | I. Waste No.                      |  |
| a. Waste Chemical, Liquid<br>Non-DOT/Non-RCRA Regulated Material<br>(Ink)   |  |   |  |   |  | No. Type  |  |   |  |                 |  | EPA<br>None<br>STATE<br>CR04      |  |
| b.  |  |   |  |   |  | X . D M   |  |   |  | G               |  | EPA<br>STATE                      |  |
| c.  |  |   |  |   |  |   |  |   |  |                 |  | EPA<br>STATE                      |  |
| d.  |  |   |  |   |  |   |  |   |  |                 |  | EPA<br>STATE                      |  |
| J. Additional Descriptions for Materials Listed Above   |  |   |  |   |  | K. Handling Codes for Wastes Listed Above   |  |   |  |                 |  |                                   |  |
| a. (Ink 100%) L, OGD-2177<br>NJ-ID72  |  |   |  |   |  | Interim   |  | Final   |  | Interim         |  | Final                             |  |
| b.  |  |   |  |   |  | c.  |  | d.  |  | e.              |  | f.                                |  |
| 15. Special Handling Instructions and Additional Information<br><b>Emergency Contact 1-800-243-3452<br/>NJ-SW# 18819, Decal# 27851 &amp; 27852</b>  |  |   |  |   |  | <b>This material will be incinerated at<br/>Ogden Martin Systems of Haverhill MA<br/>Under Approval# 2177.</b><br>Point of Departure: |  |   |  |                 |  |                                   |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |   |  |   |  |   |  |                 |  |                                   |  |
| Printed/Typed Name<br><b>GLENN D. HUGHES</b>  |  |   |  |   |  | Signature<br><i>Glenn D. Hughes</i>   |  |   |  |                 |  | Month Day Year<br><b>12 07 95</b> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |   |  |   |  | Signature<br>Month Day Year   |  |   |  |                 |  |                                   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |   |  |   |  | Signature<br>Month Day Year   |  |   |  |                 |  |                                   |  |
| 19. Discrepancy Indication Space  |  |   |  |   |  |   |  |   |  |                 |  |                                   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.  |  |   |  |   |  |   |  |   |  |                 |  |                                   |  |
| Printed/Typed Name  |  |   |  |   |  | Signature   |  |   |  |                 |  | Month Day Year                    |  |

COPY 1: FACILITY MAILED TO DESTINATION STATE

CT F 0396429

STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTIONHazardous Waste MANIFEST PROGRAM  
79 Elm St., Hartford, CT 06106-5127

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FOR STATE USE ONLY

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.<br><b>N.O.T. R.E.Q.U.I.R.E.D.</b> | Manifest Document No.<br><b>9.6.4.2.8</b>                                  | 2. Page 1 of 1   | Information in the shaded areas is not required by Federal law, but may be required by State law |
|---|--|--|--|--|--|
| 3. Generator's Name and Mailing Address<br><b>The New York Times<br/>600 Washington Ave., Carlstadt, NJ 07072</b>   |  |  |  | A. State Manifest Document Number<br><b>CT F 0396428</b>   |  |
| 4. Generator's Phone ( 201 ) <b>883-1500</b>  |  |  |  | B. G.S.I. (Gen. Site Address)<br><b>Same</b>   |  |
| 5. Transporter 1 Company Name<br><b>Maumee Express, Inc.</b>  |  | 6. US EPA ID Number<br><b>N J D.9.8.6.6.0.7.3.8.0</b>          |  | C. S.T.I. (Trans. Lic. Plate #)<br><b>908 271-0520</b>   |  |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number  |  | D. Tran. Phone ( )   |  |
| 9. Designated Facility Name and Site Address<br><b>Connecticut Waste Oil, Inc.<br/>1250 Old Colony Road<br/>Wallingford, CT 06492</b>   |  | 10. US EPA ID Number<br><b>C.T.D.0.1.8.8.44 .0.5.0</b>         |  | E. S.T.I. (Trans. Lic. Plate #)<br>F. Tran. Phone ( )<br>G. State Facility's ID (Not Required)<br>H. Facility's Phone (203) 235-8889 |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  |  | 12. Containers<br>No. Type   | 13. Total Quantity   | 14. Unit<br>Wt/Vol   |
| a. Waste Chemical, Liquid<br>Non-DOT/Non-RCRA Regulated Material<br>(Ink)   |  |  | X . . D M  |  | G  |
| b.  |  |  |  |  |  |
| c.  |  |  |  |  |  |
| d.  |  |  |  |  |  |
| J. Additional Descriptions for Materials Listed Above<br>(Ink 100%) L, OGD-2177<br>a. NJ- ID72  |  |  | K. Handling Codes for Wastes Listed Above<br>Interim Final Interim Final   |  |  |
| b.  |  |  | c. d.  |  |  |
| 15. Special Handling Instructions and Additional Information<br><b>Emergency Contact 1-800-243-3452</b><br><b>NJ-SW Permit#</b><br><b>This material will be incinerated at</b><br><b>Ogden Martin Systems of Haverhill, MA</b><br><b>Under Approval# 2177</b><br>Point of Departure:  |  |  |  |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable State laws and regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |  |  |  |
| Printed/Typed Name<br><b>* GLENN D. HUGHES</b>  |  |  | Signature<br><i>Glenn D. Hughes</i><br>Month Day Year<br><b>1.2.0.7.95</b> |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  |  | Signature<br>Month Day Year  |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  |  | Signature<br>Month Day Year  |  |  |
| 19. Discrepancy Indication Space  |  |  |  |  |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month Day Year   |  |  |  |  |  |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br>NJ 0000000000 |  | Manifest Document No.<br>N 0000000000 |  | 2. Page 1 of 1   |  | Information in the shaded areas is not required by Federal law. |  |                 |  |               |  |
|--|--|---|--|---------------------------------------|--|--|--|---|--|-----------------|--|---------------|--|
| 3. Generator's Name and Mailing Address<br>HE NY TIMES<br>EDITION<br>NY 10037-4400   |  |   |  |                                       |  | A. State Manifest Document Number<br><b>NJA 1970210</b>            |  |   |  |                 |  |               |  |
| 4. Generator's Phone (001) 836-4524  |  |   |  |                                       |  | B. State Generator's ID (Gen. Site Address)<br>600 WASHINGTON AVE. |  |   |  |                 |  |               |  |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE INC.</b>   |  |   |  |                                       |  | C. State Trans. ID-NJDEPE<br>53011                                 |  |   |  |                 |  |               |  |
| 7. Transporter 2 Company Name  |  |   |  |                                       |  | Decal No. 65646  |  |   |  |                 |  |               |  |
| 6. US EPA ID Number<br>NJ 0000000000   |  |   |  |                                       |  | D. Transporter's Phone (908) 442-4900                              |  |   |  |                 |  |               |  |
| 9. Designated Facility Name and Site Address<br>CILE GWA INC.<br>200 SOUTH FIRST ST.<br>ELIZABETH NJ 07208-0000  |  |   |  |                                       |  | E. State Trans. ID-NJDEPE  |  |   |  |                 |  |               |  |
| 10. US EPA ID Number<br>NJ 0000000000  |  |   |  |                                       |  | Decal No.  |  |   |  |                 |  |               |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM<br>a. WASTE ACROLEIN LIQUID<br>b. 1.1 INFLAMMABLE LIQ<br>c. 1.2 INFLAMMABLE LIQ<br>d. 1.3 INFLAMMABLE LIQ   |  |   |  |                                       |  | 12. Containers<br>No. Type   |  | 13. Total Quantity  |  | 14. Unit Wt/Vol |  | 15. Waste No. |  |
|  |  |   |  |                                       |  | XXI  |  | 35  |  |                 |  |               |  |
| J. Additional Descriptions for Materials Listed Above<br>1. E. 1 water 85-95% gasoline<br>gasoline 1-10%, still 1-5%   |  |   |  |                                       |  | K. Handling Codes for Wastes Listed Above                          |  |   |  |                 |  |               |  |
| a.   |  |   |  |                                       |  | c.   |  | a.  |  | c.              |  |               |  |
| b.   |  |   |  |                                       |  | d.   |  | b.  |  | d.              |  |               |  |
| 15. Special Handling Instructions and Additional Information<br>ERG027<br>EMERGENCY PHONE 908-442-4900<br>1146: HT 33UV  |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| Printed/Typed Name   |  |   |  |                                       |  | Signature  |  |   |  | Month Day Year  |  |               |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| Printed/Typed Name   |  |   |  |                                       |  | Signature  |  |   |  | Month Day Year  |  |               |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| Printed/Typed Name   |  |   |  |                                       |  | Signature  |  |   |  | Month Day Year  |  |               |  |
| 19. Discrepancy Indication Space   |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.   |  |   |  |                                       |  |  |  |   |  |                 |  |               |  |
| Printed/Typed Name   |  |   |  |                                       |  | Signature  |  |   |  | Month Day Year  |  |               |  |





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section

CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.              |  | Manifest Document No. |           | 2. Page 1 of 1                                   |  | Information in the shaded areas is not required by Federal law. |  |
|--|--|---|--|-----------------------|-----------|--|--|---|--|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>600 WASHINGTON AVE<br>CARLSTADT, N.J. 07072   |  | NJ0986597524                              |  |                       |           | A. State Manifest Document Number<br>NJA 2074208 |  |   |  |
| 4. Generator's Phone<br>201 435 1254   |  | 5. Transporter 1 Company Name             |  | 6. US EPA ID Number   |           | C. State Trans ID-NUDEPE                         |  |   |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                       |  |                       |           | D. Transporter Phone ( )                         |  |   |  |
| 9. Designated Facility Name and Site Address   |  | 10. US EPA ID Number                      |  |                       |           | E. State Trans ID-NUDEPE                         |  |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM   |  | 12. Containers<br>No. Type                |  | 13. Total Quantity    |           | 14. Unit<br>Wt/Vol                               |  | 1. Waste No.  |  |
| a. PETROLEUM OIL, USED, N.O.D., NAHPS, 15811   |  | XX245                                     |  |                       |           |  |  | 2   |  |
| b.   |  |   |  |                       |           |  |  |   |  |
| c.   |  |   |  |                       |           |  |  |   |  |
| d.   |  |   |  |                       |           |  |  |   |  |
| J. Additional Descriptions for Materials Listed Above<br>PETROLEUM OIL, USED, 50   |  | K. Handling Codes for Wastes Listed Above |  |                       |           |  |  |   |  |
| b.   |  |   |  |                       |           |  |  |   |  |
| 15. Special Handling Instructions and Additional Information<br>166078<br>X  |  | 201 935 1254                              |  |                       |           |  |  |   |  |
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| Printed/Typed Name   |  |   |  |                       | Signature |  |  | Month Day Year  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |   |  |                       | Signature |  |  | Month Day Year  |  |
| Printed/Typed Name   |  |   |  |                       | Signature |  |  | Month Day Year  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |   |  |                       | Signature |  |  | Month Day Year  |  |
| Printed/Typed Name   |  |   |  |                       | Signature |  |  | Month Day Year  |  |
| 19. Discrepancy Indication Space   |  |   |  |                       |           |  |  |   |  |
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| Printed/Typed Name   |  |   |  |                       | Signature |  |  | Month Day Year  |  |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
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CN 421, Trenton, NJ 08625-0421

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| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.              | Manifest Document No. | 2. Page 1 of  | Information in the shaded areas is not required by Federal law. |
|---|--|---|-----------------------|---|---|
| 3. Generator's Name and Mailing Address   |  | 4. Generator's Phone                      |                       | A. State Manifest Document Number<br><b>NJA 2038904</b> |   |
| 5. Transporter 1 Company Name   |  | 6. US EPA ID Number                       |                       | B. State Generator's ID (Gen. Site Address)             |   |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number                       |                       | C. State Trans. ID-NUDEPE                               |   |
| 9. Designated Facility Name and Site Address  |  | 10. US EPA ID Number                      |                       | D. Transporter's Phone                                  |   |
|   |  |   |                       | E. State Trans. ID-NUDEPE                               |   |
|   |  |   |                       | Decal No.   |   |
|   |  |   |                       | F. Transporter's Phone                                  |   |
|   |  |   |                       | G. State Facility's ID                                  |   |
|   |  |   |                       | H. Facility's Phone                                     |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)  |  | 12. Containers                            | 13. Total Quantity    | 14. Unit  | I. Waste No.  |
| a. <b>HAZARDOUS WASTE, MISC., UNCLAS.</b>   |  | No. Type                                  | Quantity              | Wt/Vol  |   |
| b. <b>HAZARDOUS WASTE, MISC., UNCLAS.</b>   |  |   |                       |   |   |
| c. <b>HAZARDOUS WASTE, MISC., UNCLAS.</b>   |  |   |                       |   |   |
| d. <b>HAZARDOUS WASTE, MISC., UNCLAS.</b>   |  |   |                       |   |   |
| J. Additional Descriptions for Materials Listed Above   |  | K. Handling Codes for Wastes Listed Above |                       |   |   |
| PETROLEUM OIL, USED   |  | 100                                       |                       |   |   |
| BATTERY   |  | 100                                       |                       |   |   |
| b. <b>HAZARDOUS WASTE, MISC., UNCLAS.</b>   |  |   |                       |   |   |
| 15. Special Handling Instructions and Additional Information  |  |   |                       |   |   |
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| Printed/Typed Name  |  | Signature                                 |                       | Month Day Year  |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  | Signature                                 |                       | Month Day Year  |   |
| Printed/Typed Name  |  | Signature                                 |                       | Month Day Year  |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  | Signature                                 |                       | Month Day Year  |   |
| Printed/Typed Name  |  | Signature                                 |                       | Month Day Year  |   |
| 19. Discrepancy Indication Space  |  |   |                       |   |   |
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| Printed/Typed Name  |  | Signature                                 |                       | Month Day Year  |   |





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421. Trenton, NJ 08625-0421

Type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 3-30-96

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

14-4 YORK TIMES

300'S WOODBRIDGE AVE.

EDISON

NJ 08837-XXXX

4. Generator's Phone

908-608-4096

5. Transporter 1 Company Name

CLEAN VENTURE, INC.

6. US EPA ID Number

NJ 00000027193

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

LYDLE LUMBER INC.

217 SOUTH FIRST ST.

EDISON

10. US EPA ID Number

A. State Manifest Document Number

NJA 2585977

B. State Generator's ID (Gen. Site Address)

400 WASHINGTON AVE.

C. State Trans. ID-NJDEPE

Decal No. S5911

D. Transporter's Phone

908

E. State Trans. ID-NJDEPE

353-5800

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

Waste No.

a. WASTE CHEMICAL PROCESS SOLID  
NON-RCRA/NON-DOT

X 10

X 6000 P

1910

b. WASTE CHEMICAL PROCESS SOLID  
NON-RCRA/NON-DOT

XX 6

X 4800 P

1910

c. WASTE PETROLEUM MIXTURE LIQUID  
NON-RCRA/NON-DOT

XX 2

XX 110

1910

d. WASTE CHEMICAL PROCESS LIQUID  
NON-RCRA/NON-DOT

XX 6

XX 330

1900

J. Additional Descriptions for Materials Listed Above

Drill Cuttings 1000

L Hydraulic Oil 1000

K. Handling Codes for Wastes Listed Above

SU /

SU /

a. Non-Haz Soil 1000

L Pump Water 1000

SU /

SU /

15. Special Handling Instructions and Additional Information

EMERGENCY PHONE

908-354-0210 CLEAN VENTURE, INC.

DECA/ #7755

FILE # XAS 3255

A) 356969-CEH05-01 B) 356969-CEH05-01 C) 356969-CEH05-01 D) 356969-CEH05-01

WFO 10/1/96

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

GLENN D. HUGHES

Signature

Glenn D. Hughes

Month Day Year

06/14/96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DANIEL P. HUGHES

Signature

Daniel P. Hughes

Month Day Year

06/14/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

GLENN D. HUGHES

Signature

Glenn D. Hughes

Month Day Year

06/14/96



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.                 | Manifest Document No. | 2. Page 1 of  | Information in the shaded areas is not required by Federal law. |
|--|--|--|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br><b>NEW YORK TIMES</b><br><b>3003 WOODBURN AVE.</b><br><b>EDISON NJ 08837-0000</b>   |  | 4. Generator's Phone (908) 603-4096          |                       | A. State Manifest Document Number<br><b>NJA 2565970</b>                   |   |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |  | 6. US EPA ID Number<br><b>010101012719 B</b> |                       | B. State Generator's ID (Gen. Site Address)<br><b>600 WASHINGTON AVE.</b> |   |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                          |                       | C. State Trans. ID-NJDEPE<br><b>008 355-5800</b>                          |   |
| 9. Designated Facility Name and Site Address<br><b>CYCLE CHEM INC.</b><br><b>217 SOUTH FIRST ST.</b><br><b>ELIZABETH NJ 07206-0000</b>   |  | 10. US EPA ID Number                         |                       | D. Transporter's Phone ( )  |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, HM   |  | 12. Containers<br>No. Type                   |                       | 13. Total Quantity  |   |
| a. <b>CHEMICAL PROCESS SOLID</b><br><b>NON-RCRA/NON-DOT</b><br><b>X910</b>   |  | b. <b>X23 CM</b>                             |                       | c. <b>XX X23</b>  |   |
| b. <b>WASTE CHEMICAL PROCESS SOLID</b><br><b>NON-RCRA/NON-DOT</b><br><b>X910</b>   |  | c. <b>X2 DM</b>                              |                       | d. <b>X500 P</b>  |   |
| c.   |  |  |                       |   |   |
| d.   |  |  |                       |   |   |
| J. Additional Designations for Materials Listed Above  |  | K. Handling Codes for Wastes Listed Above    |                       |   |   |
| S Incinerator 30-400   |  | S  |                       |   |   |
| S Refractory 50-600  |  | S  |                       |   |   |
| S Ink 500-600  |  | S  |                       |   |   |
| S PVC PIPING 40-500  |  | S  |                       |   |   |
| 15. Special Handling Instructions and Additional Information<br><b>DECAL H 78083</b><br><b>EMERGENCY PHONE 908-354-0210</b><br><b>CLEAN VENTURE, INC.</b><br><b>TSR-717 NJ.</b><br><b>A) 356969-CEH005-02</b><br><b>B) 356969-LWD025-00</b><br><b>W/O 035743</b>   |  |  |                       |   |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future adverse effects on the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the most appropriate management method that is available to me and that I can afford. |  |  |                       |   |   |
| Printed/Typed Name<br><b>GLENN D. HUGHES</b>   |  | Signature<br><i>Glenn D. Hughes</i>          |                       | Month Day Year<br><b>06/14/96</b>   |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>JOYCE A FARO</b>   |  | Signature<br><i>Joyce A. Faro</i>            |                       | Month Day Year<br><b>06/17/96</b>   |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature                                    |                       | Month Day Year  |   |
| 19. Discrepancy Indication Space   |  |  |                       |   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name<br><b>JOYCE A FARO</b>  |  |  |                       |   |   |
| Signature<br><i>Joyce A. Faro</i>  |  | Month Day Year<br><b>06/14/96</b>            |                       |   |   |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | Generator's US EPA ID No.            | Manifest Document No. | 2. Page 1 of                                      | Information in the shaded areas is not required by Federal law. |
|--|--|--------------------------------------|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>1005 WOODBRIDGE AVE.<br>NJ 08837-0000   |  | 4. Generator's Phone<br>908 603 4000 |                       | A. State Manifest Document Number<br>NJ A 2585971 |   |
| 5. Transporter 1 Company Name<br>CLEAN VENTURE, INC.   |  | 6. US EPA ID Number<br>NJ 00000-0000 |                       | B. State Manifest Document Number<br>NJ A 2585971 |   |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number                  |                       | C. State Manifest Document Number<br>NJ A 2585971 |   |
| 9. Designated Facility Name and Site Address<br>CYCLE CHEN INC.<br>217 SOUTH FIRST ST.<br>ELIZABETH NJ 07208-0000  |  | 10. US EPA ID Number                 |                       | D. Transporter's Phone<br>(747) 354-0210          |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number, and Packing Group)<br>HM  |  | 12. Containers                       |                       | 13. Total Quantity                                |   |
| a. CHEMICAL PROCESS SOLID<br>NON-RCRA/NON-DOT<br>X910  |  | No. Type                             |                       | Wt/Vol Waste No.                                  |   |
| b. WASTE CHEMICAL PROCESS SOLID<br>NON-RCRA/NON-DOT<br>X910  |  | XX3                                  |                       | X XXXX  |   |
| c.   |  |                                      |                       |   |   |
| d.   |  |                                      |                       |   |   |
| 15. Special Handling Instructions and Additional Information<br>PLATE # XAJ-6883<br>A) 356969-CEH005-02 B) 356969-LWD025-00  |  | EMERGENCY PHONE                      |                       | 908-354-0210 CLEAN VENTURE, INC.                  |   |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future treatment, storage, or disposal costs OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option available to me and that I can afford. |  | Printed/Typed Name<br>Glen D. Hughes |                       | Signature<br>Glen D. Hughes                       |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Richard K. Jackson  |  | Signature<br>Richard K. Jackson      |                       | Month Day Year<br>06/14/96                        |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature                            |                       | Month Day Year                                    |   |
| 19. Discrepancy Indication Space<br>C) 50 SECTANE  |  |                                      |                       |   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Linda R. Papp  |  | Signature<br>Linda R. Papp           |                       | Month Day Year<br>06/14/96                        |   |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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UNIFORM HAZARDOUS  
WASTE MANIFEST

Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

NEW YORK TIMES

3003 WOODBRIDGE AVE.

EDISON

NJ 08837-0000

4. Generator's Phone

908 609-4096

5. Transporter 1 Company Name

CLEAN VENTURE, INC.

6. US EPA ID Number

U10000027103

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CYCLE CHEN INC.

217 SOUTH FIRST ST.

ELIZABETH

NJ 07206-0000

10. US EPA ID Number

U10000027103

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

HM

a. HAZARDOUS WASTE LIQUID NOS

X

9 NA3082

PB11

2018

b. WASTE CHEMICAL PROCESS LIQUID

NON HGT/NON RCRA

1900

c. HAZARDOUS WASTE LIQUID NOS

X

9 NA3082

PB11

2018

d. WASTE CHEMICAL PROCESS LIQUID

NON HGT/NON RCRA

1900

e. HAZARDOUS WASTE LIQUID NOS

X

9 NA3082

PB11

2018

f. WASTE CHEMICAL PROCESS LIQUID

NON HGT/NON RCRA

1900

15. Special Handling Instructions and Additional Information

EMERGENCY PHONE

1-800-368-0210 CLEAN VENTURE, INC.

ERG431

A1356789-LMD028-02 A1356789-LMD030-00

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipper classification, packing, marking, and labeling and are in proper condition for transport by highway according to applicable international and national regulations.

If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree practicable, and I have adopted the practicable method of treatment, storage, or disposal currently available to me which minimizes the generation of waste. OR, if I am a small quantity generator, I have made a good faith effort to minimize the generation of waste and select the least hazardous waste management option available to me and that I can afford.

Printed/Typed Name

Signature

GLENN D. HUGHES

Glenn D. Hughes 06/14/96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Daniel R. Angelo

Daniel R. Angelo 06/14/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

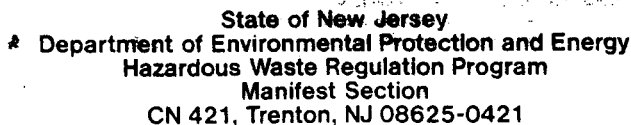
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

JOHN PAPA

John PAPA 06/14/96



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Form Approved. OMB No. 2050-0039. Expires 9-30-96

EPA Form 2700-22 (Rev. 9/88) Previous editions are obsolete.

**SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES**

8-GENERATOR COPY

JOB # 6088  
 CUSTOMER N.Y. TMS  
 JOB LOCATION 600 WASHINGTON AVE  
CARLSTADT, NJ

**CleanVenture**

**LABOR SHEET**

LABOR SHEET # 7011  
 DAY 1-21 DATE 6/14/96  
 CUSTOMER REP. Glen Hugel  
 CVI REP. Wm. B. Charlton

| NAMES          | CODE | START | FINISH | HOURS<br>ST | HOURS<br>OT | HOURS<br>DT | HOURLY<br>RATE<br>ST | HOURLY<br>RATE<br>OT | HOURLY<br>RATE<br>DT | AMOUNT<br>ST | AMOUNT<br>OT | AMOUNT<br>DT | TOTAL |
|----------------|------|-------|--------|-------------|-------------|-------------|----------------------|----------------------|----------------------|--------------|--------------|--------------|-------|
| CHARLTON, W.B. | S    | 0800  | 1900   |             |             |             |                      |                      |                      |              |              |              |       |
| JACKSON, R.    | EO   | 1000  | 2000   |             |             |             |                      |                      |                      |              |              |              |       |
| ALFARO, J.     | EO   | 0800  |        |             |             |             |                      |                      |                      |              |              |              |       |
| ARROYO, D.     | EO   | 0900  |        |             |             |             |                      |                      |                      |              |              |              |       |
| SITE TIME      |      |       |        |             |             |             |                      |                      |                      |              |              |              |       |
| CHARLTON       | S    | 0830  | 1800   |             |             |             |                      |                      |                      |              |              |              |       |
| JACKSON        | EO   | 1100  | 1800   |             |             |             |                      |                      |                      |              |              |              |       |
| ALFARO         | ↓    | 0930  | 1500   |             |             |             |                      |                      |                      |              |              |              |       |
| ARROYO         | ↓    | 0930  | 1800   |             |             |             |                      |                      |                      |              |              |              |       |

**PROTECTIVE CLOTHING**

**ANALYSIS**

| LEVEL OF PROTECTION | NUMBER OF<br>PERSONNEL | RATE/MAN/DAY | TOTAL | NUMBER OF<br>SAMPLES | RATE/ANALYSIS | TYPE OF ANALYSIS | ANALYTICAL LAB | TOTAL |
|---------------------|------------------------|--------------|-------|----------------------|---------------|------------------|----------------|-------|
| PPE LEVEL D         | 4                      |              |       |                      |               |                  |                |       |
| PPE LEVEL C         |                        |              |       |                      |               |                  |                |       |
| PPE LEVEL B         |                        |              |       |                      |               |                  |                |       |
| PPE LEVEL A         |                        |              |       |                      |               |                  |                |       |

REMARKS TOTAL  
Labeled, loaded, & transported 26 x 48<sup>3</sup> Boxes & 58 x 55 gal, 1 x 85 gallon  
Drums.

LEGEND: S = SUPERVISOR F = FOREMAN CT = CHEMICAL TECHNICIAN SO = SAFETY OFFICER ML = MARINE LABORER  
 D = DRIVERS C = CHEMIST EO = EQUIPMENT OPERATOR FC = FIELD CLERK BO = BOAT OPERATOR

CUSTOMER SIGNATURE \_\_\_\_\_





JOB # 6088  
 CUSTOMER NY Times  
 JOB LOCATION Carlsbad, NT

**CleanVenture**

**MATERIAL SHEET**

MATERIAL SHEET # M-1011  
 DAY F. DATE 6/14/96  
 CUSTOMER REP G. Hickey  
 CVI REP W.A. Christian

**MATERIALS**

| ABSORBENTS                  | QTY        | RATE | TOTAL |
|-----------------------------|------------|------|-------|
| PADS                        |            |      |       |
| ABSORBENT BOOM              |            |      |       |
| SWEEPS                      |            |      |       |
| ROLLS                       |            |      |       |
| SNARE POM POM ( ) ROPE ( )  |            |      |       |
| SPEEDI DRI                  |            |      |       |
| VERMICULITE                 |            |      |       |
| OTHER                       |            |      |       |
| DRUMS AND CONTAINERS        |            |      |       |
| 55 GALLON 17 H              |            |      |       |
| 55 GALLON 17 E              |            |      |       |
| 5 GALLON PAILS              |            |      |       |
| OVER PACKS 85 110 ( )       |            |      |       |
| OTHER <u>8 Drum Gaskets</u> | <u>6</u>   |      |       |
| SUPPLIES                    |            |      |       |
| PLASTIC SHEETING - SIZE ( ) |            |      |       |
| POLY ROPE                   |            |      |       |
| PLASTIC BAGS                |            |      |       |
| SNOW FENCE                  |            |      |       |
| SAMPLING TOOLS              |            |      |       |
| LABELS                      | <u>164</u> |      |       |
| PAGE TOTAL                  |            |      |       |

**SUBCONTRACTOR**

| NAME          | TIME ON | TIME OFF | DESCRIPTION OF WORK |
|---------------|---------|----------|---------------------|
| <u>CVI/OS</u> |         |          |                     |
|               |         |          |                     |
|               |         |          |                     |
|               |         |          |                     |
|               |         |          |                     |

**DISPOSAL**

| QTY                   | DESCRIPTION | MANIFEST NUMBER |
|-----------------------|-------------|-----------------|
| <u>57x55 gal</u>      |             |                 |
| <u>1x85 gal</u>       |             |                 |
| <u>26 x Cu Yd Box</u> |             |                 |
|                       |             |                 |
|                       |             |                 |

**SUBSISTENCE**

| NUMBER OF PERSONNEL | RATE/DAY | TOTAL |
|---------------------|----------|-------|
|                     |          |       |
|                     |          |       |

COMMENTS: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

CUSTOMER SIGNED ☐  
 DAILY NOTES COMPLETED ☐  
 MANIFESTS, WEIGH TICKETS, PACKING SLIPS ATTACHED ☐

THESE FORMS MUST BE SIGNED AND RETURNED DAILY.



## Recycling Treatment & Disposal of Hazardous Waste

**IV. RESTRICTED WASTE NOTIFICATION**

| LINE<br>ITEM      | RCRA<br>CODE | WW  | NWW | APPLICABLE<br>SUBCATEGORY |
|-------------------|--------------|-----|-----|---------------------------|
| ABCD_ <u>D018</u> |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |
| ABCD_ _____       |              | [ ] | [ ] |                           |

**V. F001 - F005 SPENT SOLVENT WASTES CONSTITUENT(S)**

| ABCD_ F001                 | ABCD_ F002 | ABCD_ F003 | ABCD_ F004                                  | ABCD_ F005 |
|----------------------------|------------|------------|---|------------|
| ABCD_ acetone              |            |            | ABCD_ ethyl ether                           |            |
| ABCD_ benzene              |            |            | ABCD_ methanol                              |            |
| ABCD_ n-butyl alcohol      |            |            | ABCD_ methylene chloride                    |            |
| ABCD_ iso-butyl alcohol    |            |            | ABCD_ methyl ethyl ketone                   |            |
| ABCD_ carbon disulfide     |            |            | ABCD_ methyl isobutyl ketone                |            |
| ABCD_ carbon tetrachloride |            |            | ABCD_ nitrobenzene                          |            |
| ABCD_ chlorobenzene        |            |            | ABCD_ pyridine                              |            |
| ABCD_ m-cresol             |            |            | ABCD_ tetrachloroethylene                   |            |
| ABCD_ o-cresol             |            |            | ABCD_ toluene                               |            |
| ABCD_ p-cresol             |            |            | ABCD_ 1,1,1-trichloroethane                 |            |
| ABCD_ cresylic acid        |            |            | ABCD_ 1,1,2-trichloroethane                 |            |
| ABCD_ cyclohexanone        |            |            | ABCD_ trichloroethylene                     |            |
| ABCD_ o-dichlorobenzene    |            |            | ABCD_ trichloromonofluoromethane            |            |
| ABCD_ ethyl acetate        |            |            | ABCD_ 1,1,2-trichloro-1,2,2-trifluoroethane |            |
| ABCD_ ethyl benzene        |            |            | ABCD_ xylenes                               |            |

**VI. CALIFORNIA LIST WASTES**

ABCD\_ NICKEL  $\geq 134$  mg/l  
ABCD\_ LIQUIDS WITH PCB's  $\geq 50$  PPM  
ABCD\_ THALLIUM  $\geq 130$  mg/l  
ABCD\_ HALOGENATED ORGANIC CARBON (HOC's)  $\geq 1000$  mg/l

**VII. NON HAZARDOUS WASTE CERTIFICATION**

I certify that the following manifest line items are not subject to any land disposal restrictions as specified in 40 CFR Subpart D and all applicable prohibitions set forth in Part 268 or RCRA Section 3004 (d).

ABCD\_ NON HAZ CODE X 900      ABCD\_ NON HAZ CODE \_\_\_\_\_  
ABCD\_ NON HAZ CODE \_\_\_\_\_      ABCD\_ NON HAZ CODE \_\_\_\_\_

**VIII. CERTIFICATION**

I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste described on this page does not comply with the treatment standards specified in 40 CFR 268, Subpart D or RCRA Section 3004(d), and all applicable prohibitions set forth in appropriate regulatory treatment standards prior to land disposal."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

MAINTENANCE MANAGER Revised 12/94

# INSTRUCTIONS

## LAND DISPOSAL RESTRICTIONS NOTIFICATION AND CERTIFICATION FORM

### PHASE II

The USEPA recently promulgated Phase II of the Land Disposal Restriction (LDR) program. These regulations are effective as of 12/19/94. The new regulations intend to simplify and provide consistency in the LDR program. Cycle Chem, Inc. has revised the Land Disposal Notification and Certification form in order to assist you in complying with the new requirements. Although it is our hope that you will find this format easy to use, if you have any questions feel free to contact our staff at (908) 355-5800 and we will be glad to assist you.

This form can be used for four manifest items or an additional continuation form. The instructions are as follows:

#### Section I

Note the Line Items and corresponding USEPA Hazardous Waste Codes as noted on the accompanying manifest. Note whether the waste meets the criteria for wastewater or nonwastewater. Also note your CCI generator product code.

#### Section II

For all wastes that exhibit a characteristic and are managed in non-Clean Water Act, non-CWA equivalent and non-Class I SDWA Systems (except for the 40 CFR Part 261.21 (a) (1) High TOC Subcategory): Simply circle the line item for each applicable EPA Waste Code.

If your waste has any "underlying hazardous constituents" as defined in 40 CFR Part 268.38 you must list the corresponding manifest line items. In addition you must identify the constituent which is present in the waste at a level above the Universal Treatment Standard.

#### Section III

For Lab Packs which contain only wastes which are not excluded under Appendix IV to 40 CFR Part 261 you may choose the alternate treatment certification. You must note the corresponding manifest line items.

#### Section IV

If any other subcategories apply to your waste, you must circle the appropriate line item, and note each RCRA waste code with the corresponding applicable subcategory. You must also note whether the waste is a wastewater or nonwastewater.

#### Section V

Simply circle the line item for each applicable EPA Waste Code. You must note the corresponding manifest line items next to the applicable constituent(s) for all F001-F005 spent solvent wastes.

#### Section VI

If the waste is subject to any California List Restrictions you must circle the line item next to the corresponding restriction.

#### Certifications

##### Section VII

##### Non Hazardous Waste Certification

Simply denote (x) next to this certification for all wastes not subject to any land disposal restriction, circle the appropriate line items and list the appropriate waste code(s). Sign and date.

##### Section VIII

##### Hazardous Waste Certification

Simply denote (x) next to this certification if you are managing a restricted waste as noted in any categories listed on this LDR. Sign and date.



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section

CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | Generator's US EPA ID No.  | Manifest Document No. | 2: Page 1  | Information in the shaded areas is not required by Federal law. |
|---|--|--|-----------------------|--|---|
| 3. Generator's Name and Address<br><b>NEW YORK TIMES</b><br><b>405 NASSAU ST.</b><br><b>NEW YORK, NY 10017</b>  |  | 4. Generator's Phone<br><b>212-512-2000</b>  |                       | A. State Manifest Document Number<br><b>NJA 2585979</b>  |   |
| 5. Transporter 1 Company Name<br><b>CLIM VENTURE, INC.</b>  |  | 6. US EPA ID Number<br><b>0700000027102</b>  |                       | B. State Generator's Hazardous Waste Address<br><b>CLIM VENTURE, INC.</b><br><b>1000 ROUTE 100</b><br><b>NEWARK, NJ 07102</b>  |   |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number  |                       | D. Transporter's Phone<br><b>908-351-5800</b>  |   |
| 9. Designated Facility Name and Site Address<br><b>CYCLE CEN INC.</b><br><b>217 SOUTH FIRST ST.</b><br><b>ELIZABETH, NJ 07208</b>   |  | 10. US EPA ID Number   |                       | E. Site Trans ID Number<br><b>000 351-5800</b>   |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)  |  | 12. Containers   |                       | 13. A Total Quantity   |   |
| a. <b>HAZARDOUS WASTE LIQUID NON</b><br><b>9 HAZARDOUS</b><br><b>100L</b>   |  | No. Type   |                       | 14. Unit Wt/Vol  |   |
| b. <b>HAZARDOUS WASTE LIQUID</b><br><b>HAZARDOUS WASTE LIQUID</b><br><b>100L</b>  |  | XX 6" XX 330   |                       | 15. Waste No.  |   |
| c. <b>HAZARDOUS WASTE LIQUID</b><br><b>HAZARDOUS WASTE LIQUID</b><br><b>100L</b>  |  | XX 4" XX 220   |                       |  |   |
| d. <b>HAZARDOUS WASTE LIQUID</b><br><b>HAZARDOUS WASTE LIQUID</b><br><b>100L</b>  |  |  |                       |  |   |
| Additional Descriptions for Materials Listed Above  |  | 16. Handling Codes for Wastes Listed Above   |                       |  |   |
| 1. <b>HAZARDOUS WASTE LIQUID</b><br><b>HAZARDOUS WASTE LIQUID</b><br><b>100L</b>  |  | 1. <b>HAZARDOUS WASTE LIQUID</b><br><b>HAZARDOUS WASTE LIQUID</b><br><b>100L</b>   |                       |  |   |
| 2. <b>Lithium Battery Solution 100L</b>   |  | 2. <b>Lithium Battery Solution 100L</b>  |                       |  |   |
| 15. Special Handling Instructions and Additional Information<br><b>ERG411</b><br><b>AT 356767-1 1002H-01</b>  |  | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option that is available to me and that I can afford. |                       | 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Daniel J. Aron</b><br>Signature<br><b>Daniel J. Aron</b><br>Month Day Year<br><b>06/14/96</b>  |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Daniel J. Aron</b><br>Signature<br><b>Daniel J. Aron</b><br>Month Day Year<br><b>06/14/96</b> |  | 19. Discrepancy Indication Space   |                       | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name<br><b>Daniel J. Aron</b><br>Signature<br><b>Daniel J. Aron</b><br>Month Day Year<br><b>06/14/96</b> |   |

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039 Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | Generator's US EPA ID No.   | Manifest Document No. | 2. Page 1 of 1  | Information in the shaded areas is not required by Federal law. |
|--|--|---|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br><b>NEW YORK (INC.)</b><br><b>603-4096</b>   |  | 6. US EPA ID Number<br><b>NY 00000027193</b>                        |                       | A. State Manifest Document Number<br><b>NYA 2585979</b>                 |   |
| 4. Generator's Phone   |  | 8. US EPA ID Number   |                       | B. State Generator's Mailing Site Address<br><b>60 WILKINSON AVE</b>    |   |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |  | 10. US EPA ID Number  |                       | C. State Transporter's Mailing Site Address<br><b>100 WILKINSON AVE</b> |   |
| 7. Transporter 2 Company Name  |  | 12. Containers  |                       | D. Transporter's Phone<br><b>300 355-5400</b>                           |   |
| 9. Designated Facility Name and Site Address<br><b>CHLORIDE CORP.</b><br><b>117 SOUTH FIRST ST.</b><br><b>CHLORIDE IN</b>  |  | 13. Total Quantity  |                       | E. State Facility ID Number<br><b>000 355-5400</b>                      |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, HM)  |  | 14. Unit  |                       | F. Facility's Phone<br><b>300 355-5400</b>                              |   |
| a. <b>HAZARDOUS WASTE LIQUID RES</b>   |  | No. <b>XX 6</b>   |                       | Type <b>XX 330</b>  |   |
| b. <b>WASTE LIQUID RES</b>   |  | No. <b>XX 4</b>   |                       | Type <b>XX 220</b>  |   |
| c.   |  |   |                       |   |   |
| d.   |  |   |                       |   |   |
| 15. Special Handling Instructions and Additional Information<br><b>200431</b><br><b>1000 355-5400 CLEAN VENTURE, INC.</b>  |  |   |                       |   |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, hazard class, and are in all respects in proper condition for transport by highway according to applicable international and national regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree practicable, to be economically practicable, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |                       |   |   |
| Printed/Typed Name<br><b>GLENN D. HUGHES</b>   |  | Signature<br><i>Glenn D. Hughes</i> Month <b>06</b> Year <b>416</b> |                       |   |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><i>David L. Hughes</i>  |  | Signature<br><i>David L. Hughes</i> Month <b>06</b> Year <b>416</b> |                       |   |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature<br><i>David L. Hughes</i> Month <b>06</b> Year <b>416</b> |                       |   |   |
| 19. Discrepancy Indication Space   |  |   |                       |   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month <b>06</b> Day <b>17</b> Year <b>416</b>   |  |   |                       |   |   |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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Form Approved. OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.<br>NJ0000000027193 | Manifest Document No.<br>65979                              | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.          |
|--|--|---|---|----------------|--|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>300 NASSAU ST.<br>NEW YORK, NY 10037-1402   |  |   | A. State Manifest Document Number<br>NJ 2585979             |                |  |
| 4. Generator's Phone (908) 603-4096  |  |   | B. State Generator's ID (Gen. Site Address)<br>NJ 0000-0000 |                |  |
| 5. Transporter 1 Company Name<br>CLEAN VENTURE, INC.   |  |   | C. State Trans. ID-NJDEPE<br>NJ 0000-0000                   |                |  |
| 6. US EPA ID Number<br>NJ0000000027193   |  |   | Decal No.<br>85011  |                |  |
| 7. Transporter 2 Company Name  |  |   | D. Transporter's Phone ( )                                  |                |  |
| 8. US EPA ID Number  |  |   | E. State Trans. ID-NJDEPE<br>NJ 0000-0000                   |                |  |
| 9. Designated Facility Name and Site Address<br>1711 CHAS. ST.<br>171 SOUTH FIRST ST.<br>ELIZABETH, NJ 07208-0001  |  |   | Decal No.<br>85011  |                |  |
| 10. US EPA ID Number   |  |   | F. Transporter's Phone ( )                                  |                |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM<br>a. HAZARDOUS WASTE LIQUID MIX<br>+ HAZARDOUS<br>b. WASTE CHEMICAL MIXTURES LIQUID<br>c. DOT/UN/NA<br>d.  |  |   | 12. Containers<br>No. Type<br>XX 6 XX 330<br>XX 4 XX 220    |                | 13. Total Quantity<br>14. Unit<br>Wt/Vol<br>1. Waste No.<br>5910<br>5900 |
| J. Additional Descriptions for Materials Listed Above<br>L E OIL 5-100 Water 20-200<br>Sediment 50-600<br>L. Lickish material Solvent 2000   |  |   | K. Handling Codes for Wastes Listed Above<br>c.             |                |  |
| 15. Special Handling Instructions and Additional Information<br>EMERG 11<br>A) 254767-1-0000-02 B) 254767-1-0000-00<br>1900-104-010 CLEAN VENTURE, INC.  |  |   | Decal 74755<br>74755  |                |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |   |   |                |  |
| Printed/Typed Name<br>GLENN D. HUGHES  |  |   | Signature<br>Glenn D. Hughes                                |                | Month Day Year<br>06/14/96   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>D. Hughes   |  |   | Signature<br>D. Hughes                                      |                | Month Day Year<br>06/14/96   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  |   | Signature   |                | Month Day Year   |
| 19. Discrepancy Indication Space   |  |   |   |                |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name   |  |   |   |                |  |
| Signature  |  |   |   |                |  |
| Month Day Year   |  |   |   |                |  |



Recycling Treatment & Disposal of Hazardous Waste

217 South First Street, Elizabeth, NJ 07206 • 908-355-5800, FAX: 908-355-0562

CYCLE CHEM, INC.  
217 S. FIRST ST.  
ELIZABETH NJ 07206  
NJD002200046

LAND DISPOSAL RESTRICTIONS  
NOTIFICATION AND CERTIFICATION FORM

Generator New York TIMES Manifest Number NJA 256597

USEPA ID No. NJD986597524

Is Waste Analysis available? ☒ No ☐ Yes, Copy Attached

I. MANIFEST INFORMATION

| LINE<br>ITEM | WW<br>NWW  | LIST ALL EPA HAZARDOUS<br>WASTE CODES (RCRA CODES) | CCI PRODUCT<br>CODES |
|--------------|------------|--|----------------------|
| <u>A</u>     | <u>NWW</u> | <u>X910</u>  | <u>CEH005-00</u>     |
| <u>B</u>     | <u>NWW</u> | <u>X910</u>  | <u>CEH005-01</u>     |
| <u>C</u>     | <u>NWW</u> | <u>X726</u>  | <u>CRW001-00</u>     |
| <u>D</u>     | <u>NWW</u> | <u>X900</u>  | <u>DW001-00</u>      |

II. 268.9 SPECIAL REQUIREMENTS FOR WASTES THAT EXHIBIT A CHARACTERISTIC

The wastes identified below contains underlying hazardous constituents as defined in 268.38

| LINE ITEM    | EPA NO.          | TREATABILITY GROUP   |
|--------------|------------------|--|
| <u>ABCD_</u> | <u>D001</u>      | <u>Ignitable Characteristic Wastes, except for the 261.21 (a) (1) High TOC Subcategory, that are managed in non-CWA/ non-CWA equivalent/ non-Class 1 SDWA Systems.</u> |
| <u>ABCD_</u> | <u>D002</u>      | <u>Corrosive Characteristic Wastes, that are managed in non-CWA/non-CWA equivalent/ non-Class 1 SDWA Systems.</u>  |
| <u>ABCD_</u> | <u>D012-D043</u> | <u>Wastes that are TC based on the TCLP in SW846 Method 1311.</u>  |

UNDERLYING HAZARDOUS CONSTITUENTS

D001, D002, D012-D043 OR F039 WASTES

|              |              |
|--------------|--------------|
| <u>ABCD_</u> | <u>ABCD_</u> |
| <u>ABCD_</u> | <u>ABCD_</u> |
| <u>ABCD_</u> | <u>ABCD_</u> |
| <u>ABCD_</u> | <u>ABCD_</u> |
| <u>ABCD_</u> | <u>ABCD_</u> |

III. LAB PACK CERTIFICATION

For line items, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR Part 268, or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment."



# IV. RESTRICTED WASTE NOTIFICATION

| LINE<br>ITEM | RCRA<br>CODE | WW  | NWW | APPLICABLE<br>SUBCATEGORY |
|--------------|--------------|-----|-----|---------------------------|
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |

## V. F001 - F005 SPENT SOLVENT WASTES CONSTITUENT(S)

| ABCD_ F001                 | ABCD_ F002 | ABCD_ F003                                  | ABCD_ F004 | ABCD_ F005 |
|----------------------------|------------|---|------------|------------|
| ABCD_ acetone              |            | ABCD_ ethyl ether                           |            |            |
| ABCD_ benzene              |            | ABCD_ methanol                              |            |            |
| ABCD_ n-butyl alcohol      |            | ABCD_ methylene chloride                    |            |            |
| ABCD_ iso-butyl alcohol    |            | ABCD_ methyl ethyl ketone                   |            |            |
| ABCD_ carbon disulfide     |            | ABCD_ methyl isobutyl ketone                |            |            |
| ABCD_ carbon tetrachloride |            | ABCD_ nitrobenzene                          |            |            |
| ABCD_ chlorobenzene        |            | ABCD_ pyridine                              |            |            |
| ABCD_ m-cresol             |            | ABCD_ tetrachloroethylene                   |            |            |
| ABCD_ o-cresol             |            | ABCD_ toluene                               |            |            |
| ABCD_ p-cresol             |            | ABCD_ 1,1,1-trichloroethane                 |            |            |
| ABCD_ cresylic acid        |            | ABCD_ 1,1,2-trichloroethane                 |            |            |
| ABCD_ cyclohexanone        |            | ABCD_ trichloroethylene                     |            |            |
| ABCD_ o-dichlorobenzene    |            | ABCD_ trichloromonofluoromethane            |            |            |
| ABCD_ ethyl acetate        |            | ABCD_ 1,1,2-trichloro-1,2,2-trifluoroethane |            |            |
| ABCD_ ethyl benzene        |            | ABCD_ xylenes                               |            |            |

## V. CALIFORNIA LIST WASTES

- ABCD\_ NICKEL  $\geq 134$  mg/l  
 ABCD\_ LIQUIDS WITH PCB's  $\geq 50$  PPM  
 ABCD\_ THALLIUM  $\geq 130$  mg/l  
 ABCD\_ HALOGENATED ORGANIC CARBON (HOC's)  $\geq 1000$  mg/l

## VI. NON HAZARDOUS WASTE CERTIFICATION

I certify that the following manifest line items are not subject to any land disposal restrictions as specified in 40 CFR Subpart D and all applicable prohibitions set forth in Part 268 or RCRA Section 3004 (d).

ABCD\_ NON HAZ CODE V910      ABCD\_ NON HAZ CODE X900  
 ABCD\_ NON HAZ CODE 2726      ABCD\_ NON HAZ CODE \_\_\_\_\_

## VII. CERTIFICATION

"I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste described on this page does not comply with the treatment standards specified in 40 CFR 268, Subpart D or RCRA Section 3004(d), and all applicable prohibitions set forth in appropriate regulatory treatment standards prior to land disposal."

Signature: Glenn D. Hughes      Date: June 14, 1996  
 Print Name: GLENN D. HUGHES      Title: MAINTENANCE MANAGER Revised 12/04



# INSTRUCTIONS

## LAND DISPOSAL RESTRICTIONS NOTIFICATION AND CERTIFICATION FORM

### PHASE II

The USEPA recently promulgated Phase II of the Land Disposal Restriction (LDR) program. These regulations are effective as of 12/19/94. The new regulations intend to simplify and provide consistency in the LDR program. Cycle Chem, Inc. has revised the Land Disposal Notification and Certification form in order to assist you in complying with the new requirements. Although it is our hope that you will find this format easy to use, if you have any questions feel free to contact our staff at (908) 355-5800 and we will be glad to assist you.

This form can be used for four manifest items or an additional continuation form. The instructions are as follows:

- Section I** Note the Line Items and corresponding USEPA Hazardous Waste Codes as noted on the accompanying manifest. Note whether the waste meets the criteria for wastewater or nonwastewater. Also note your CCI generator product code.
- Section II** For all wastes that exhibit a characteristic and are managed in non-Clean Water Act, non-CWA equivalent and non-Class I SDWA Systems (except for the 40 CFR Part 261.21 (a) (1) High TOC Subcategory): Simply circle the line item for each applicable EPA Waste Code.
- If your waste has any "underlying hazardous constituents" as defined in 40 CFR Part 268.38 you must list the corresponding manifest line items. In addition you must identify the constituent which is present in the waste at a level above the Universal Treatment Standard.
- Section III** For Lab Packs which contain only wastes which are not excluded under Appendix IV to 40 CFR Part 261 you may choose the alternate treatment certification. You must note the corresponding manifest line items.
- Section IV** If any other subcategories apply to your waste, you must circle the appropriate line item, and note each RCRA waste code with the corresponding applicable subcategory. You must also note whether the waste is a wastewater or nonwastewater.
- Section V** Simply circle the line item for each applicable EPA Waste Code. You must note the corresponding manifest line items next to the applicable constituent(s) for all F001-F005 spent solvent wastes.
- Section VI** If the waste is subject to any California List Restrictions you must circle the line item next to the corresponding restriction.
- Certifications**
- Section VII** **Non Hazardous Waste Certification**  
Simply denote (x) next to this certification for all wastes not subject to any land disposal restriction, circle the appropriate line items and list the appropriate waste code(s). Sign and date.
- Section VIII** **Hazardous Waste Certification**  
Simply denote (x) next to this certification if you are managing a restricted waste as noted in any categories listed on this LDR. Sign and date.



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421



Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | Generator's US EPA ID No.  | Manifest Document No. | 2. Page 1   | Information in the shaded areas is not required by Federal law. |  |
|--|--|--|-----------------------|---|---|--|
| 3. Generator's Name and Mailing Address<br><b>NEW YORK TIMES</b><br><b>EDITION</b><br><b>400 NASSAU ST.</b><br><b>NEW YORK, NY 10037-0001</b>              |  | 4. Generator's Phone<br><b>(908) 608-4096</b>  |                       | A. State Manifest Document Number<br><b>NJA 2585977</b>     |   |  |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |  | 6. US EPA ID Number<br><b>040000007193</b>   |                       | B. State Generator's Emergency Address<br><b>NO ADDRESS</b> |   |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number  |                       | D. Transporter's Phone<br><b>888-3300</b>                   |   |  |
| 9. Designated Facility Name and Site Address<br><b>CYCLE CLEAN INC.</b><br><b>217 SOUTH FIRST ST.</b><br><b>ELIZABETH, NJ 07208</b>                        |  | 10. US EPA ID Number   |                       | E. State Trans. ID NUMBER<br><b>183-3300</b>                |   |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br><b>HM:</b>                               |  | 12. Containers   |                       | 13. A Total Quantity  |   |  |
| a. <b>WASTE (CHEMICAL PROCESS SOLID)</b><br><b>NON-FLAMMABLE/NOT</b><br><b>(911)</b>   |  | X 10   |                       | X 6000P   |   |  |
| b. <b>WASTE (CHEMICAL PROCESS SOLID)</b><br><b>NON-FLAMMABLE/NOT</b><br><b>(911)</b>   |  | XX 6   |                       | X 4800P   |   |  |
| c. <b>WASTE (PETROLEUM MIXTURE LIQUID)</b><br><b>NON-FLAMMABLE/NOT</b><br><b>(124)</b>   |  | XX 2   |                       | X 1118  |   |  |
| d. <b>WASTE (CHEMICAL PROCESS LIQUID)</b><br><b>NON-FLAMMABLE/NOT</b><br><b>(911)</b>  |  | XX 6   |                       | XX 330  |   |  |
| Additional Descriptions for Materials Listed Above<br><b>Drill Cuttings 1000</b>   |  | 14. Containers   |                       | 15. A Total Quantity  |   |  |
| a. <b>Non-Haz Soil 1000</b>  |  | X 1  |                       | X 1000  |   |  |
| b. <b>Purge Water 1000</b>   |  | X 1  |                       | X 1000  |   |  |
| 15. Special Handling Instructions and Additional Information<br><b>DECLASSIFIED</b><br><b>FILE # X15385</b>  |  | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option that is available to me and that I can afford. |                       |   |   |  |
| Printed/Typed Name<br><b>GLENN J. HUGHES</b>   |  | Signature<br><i>Glenn J. Hughes</i>  |                       | Month Day Year<br><b>06 14 96</b>                           |   |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Dr. J. J. J.</b>   |  | Signature<br><i>Dr. J. J. J.</i>   |                       | Month Day Year<br><b>06 14 96</b>                           |   |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature  |                       | Month Day Year  |   |  |
| 19. Discrepancy Indication Space   |  |  |                       |   |   |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name |  |  |                       |   |   |  |
| Signature  |  |  |                       |   |   |  |
| Month Day Year   |  |  |                       |   |   |  |



Form Approved. OMB No. 2050-0039. Expires 9-30-96

**SIGNATURE AND INFORMATION *MUST* BE LEGIBLE ON ALL COPIES**



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No. |  | Manifest Document No. |  | 2. Page 1 of 1   |  | Information in the shaded areas is not required by Federal law |  |                    |  |                                 |  |
|--|--|------------------------------|--|-----------------------|--|--|--|--|--|--------------------|--|---------------------------------|--|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>400 WASHINGTON AVE.<br>EDISON NJ 08817-4001   |  |                              |  |                       |  | A. State Manifest Document Number<br><b>NJA 2585977</b>                      |  |  |  |                    |  |                                 |  |
| 4. Generator's Phone<br><b>908-608-4096</b>  |  |                              |  |                       |  | B. State Generator's ID-(Gen. Site Address)<br><b>400 WASHINGTON AVE.</b>    |  |  |  |                    |  |                                 |  |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |  |                              |  |                       |  | 6. US EPA ID Number<br><b>HJ0000027193</b>                                   |  | C. Transporter ID-NUDEPE<br><b>83011</b>                       |  |                    |  |                                 |  |
| 7. Transporter 2 Company Name  |  |                              |  |                       |  | 8. US EPA ID Number  |  | D. Transporter's Phone<br><b>908-353-5800</b>                  |  |                    |  |                                 |  |
| 9. Designated Facility Name and Site Address<br><b>LITTLE LEAF OIL</b><br><b>217 SOUTH FIRST ST.</b><br><b>SLIDEMOUTH NJ 07068-0000</b>  |  |                              |  |                       |  | 10. US EPA ID Number<br><b>HJ0000022004</b>                                  |  | E. State Trans. ID-NUDEPE<br><b>83011</b>                      |  |                    |  |                                 |  |
|  |  |                              |  |                       |  |  |  | Decal No.-   |  |                    |  |                                 |  |
|  |  |                              |  |                       |  |  |  | F. Transporter's Phone ( )                                     |  |                    |  |                                 |  |
|  |  |                              |  |                       |  |  |  | G. State Facility's ID   |  |                    |  |                                 |  |
|  |  |                              |  |                       |  |  |  | H. Facility's Phone ( )  |  |                    |  |                                 |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM   |  |                              |  |                       |  | 12. Containers<br>No. Type   |  | 13. Total Quantity   |  | 14. Unit<br>Wt/Vol |  | Waste No.                       |  |
| a. <b>WASTE PETROLEUM SOLID</b><br><b>HAZ. CLAS. 1000</b><br><b>1910</b>   |  |                              |  |                       |  | <b>X10</b>   |  | <b>X6000P</b>  |  |                    |  | <b>1910</b>                     |  |
| b. <b>WASTE PETROLEUM SOLID</b><br><b>HAZ. CLAS. 1000</b><br><b>1910</b>   |  |                              |  |                       |  | <b>XX6</b>   |  | <b>X4800P</b>  |  |                    |  | <b>1910</b>                     |  |
| c. <b>WASTE PETROLEUM SOLID</b><br><b>HAZ. CLAS. 1000</b><br><b>1726</b>   |  |                              |  |                       |  | <b>XX2</b>   |  | <b>XX110</b>   |  |                    |  | <b>1726</b>                     |  |
| d. <b>WASTE PETROLEUM SOLID</b><br><b>HAZ. CLAS. 1000</b><br><b>1910</b>   |  |                              |  |                       |  | <b>XX6</b>   |  | <b>XX330</b>   |  |                    |  | <b>1910</b>                     |  |
| J. Additional Descriptions for Materials Listed Above<br><b>Drill Cuttings 1000</b>  |  |                              |  |                       |  | K. Handling Codes for Wastes Listed Above<br><b>1. F. Hydraulic Oil 1000</b> |  |  |  |                    |  |                                 |  |
| a. <b>Non-Haz Soil 1000</b>  |  |                              |  |                       |  | b. <b>Purge Water 1000</b>   |  |  |  |                    |  |                                 |  |
| b.   |  |                              |  |                       |  | c.   |  |  |  |                    |  |                                 |  |
| 15. Special Handling Instructions and Additional Information<br><b>EMERGENCY PHONE 908-353-5800 CLEAN VENTURE, INC.</b><br><b>DECAL # 474755</b><br><b>FILE # X-1585</b>   |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br><br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| Printed/Typed Name<br><b>GLENN D. HUGHES</b>   |  |                              |  |                       |  | Signature<br><i>Glenn D. Hughes</i>  |  |  |  |                    |  | Month Day Year<br><b>001496</b> |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| Printed/Typed Name<br><b>D. Hughes</b>   |  |                              |  |                       |  | Signature<br><i>D. Hughes</i>  |  |  |  |                    |  | Month Day Year<br><b>001496</b> |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| Printed/Typed Name   |  |                              |  |                       |  | Signature  |  |  |  |                    |  | Month Day Year                  |  |
| 19. Discrepancy Indication Space   |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.   |  |                              |  |                       |  |  |  |  |  |                    |  |                                 |  |
| Printed/Typed Name   |  |                              |  |                       |  | Signature  |  |  |  |                    |  | Month Day Year                  |  |



#### IV. RESTRICTED WASTE NOTIFICATION

| LINE<br>ITEM     | RCRA<br>CODE | WW  | NWW | APPLICABLE<br>SUBCATEGORY |
|------------------|--------------|-----|-----|---------------------------|
| ABCD_ <u>DW1</u> |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |
| ABCD_            |              | [ ] | [ ] |                           |

#### V. F001 - F005 SPENT SOLVENT WASTES CONSTITUENT(S)

| ABCD_ F001                 | ABCD_ F002 | ABCD_ F003                                  | ABCD_ F004 | ABCD_ F005 |
|----------------------------|------------|---|------------|------------|
| ABCD_ acetone              |            | ABCD_ ethyl ether                           |            |            |
| ABCD_ benzene              |            | ABCD_ methanol                              |            |            |
| ABCD_ n-butyl alcohol      |            | ABCD_ methylene chloride                    |            |            |
| ABCD_ iso-butyl alcohol    |            | ABCD_ methyl ethyl ketone                   |            |            |
| ABCD_ carbon disulfide     |            | ABCD_ methyl isobutyl ketone                |            |            |
| ABCD_ carbon tetrachloride |            | ABCD_ nitrobenzene                          |            |            |
| ABCD_ chlorobenzene        |            | ABCD_ pyridine                              |            |            |
| ABCD_ m-cresol             |            | ABCD_ tetrachloroethylene                   |            |            |
| ABCD_ o-cresol             |            | ABCD_ toluene                               |            |            |
| ABCD_ p-cresol             |            | ABCD_ 1,1,1-trichloroethane                 |            |            |
| ABCD_ cresylic acid        |            | ABCD_ 1,1,2-trichloroethane                 |            |            |
| ABCD_ cyclohexanone        |            | ABCD_ trichloroethylene                     |            |            |
| ABCD_ o-dichlorobenzene    |            | ABCD_ trichloromonofluoromethane            |            |            |
| ABCD_ ethyl acetate        |            | ABCD_ 1,1,2-trichloro-1,2,2-trifluoroethane |            |            |
| ABCD_ ethyl benzene        |            | ABCD_ xylenes                               |            |            |

#### VI. CALIFORNIA LIST WASTES

ABCD\_ NICKEL  $\geq 134$  mg/l  
 ABCD\_ LIQUIDS WITH PCB's  $\geq 50$  PPM  
 ABCD\_ THALLIUM  $\geq 130$  mg/l  
 ABCD\_ HALOGENATED ORGANIC CARBON (HOC's)  $\geq 1000$  mg/l

#### VII. NON HAZARDOUS WASTE CERTIFICATION

I certify that the following manifest line items are not subject to any land disposal restrictions as specified in 40 CFR Subpart D and all applicable prohibitions set forth in Part 268 or RCRA Section 3004 (d).

ABCD\_ NON HAZ CODE X910      ABCD\_ NON HAZ CODE \_\_\_\_\_  
 ABCD\_ NON HAZ CODE X900      ABCD\_ NON HAZ CODE \_\_\_\_\_

#### VIII. CERTIFICATION

"I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste described on this page does not comply with the treatment standards specified in 40 CFR 268, Subpart D or RCRA Section 3004(d), and all applicable prohibitions set forth in appropriate regulatory treatment standards prior to land disposal."

Signature: Glenn D. Hughes      Date: June 14, 1996  
 Print Name: GLENN D. HUGHES      Title: MAINTENANCE MANAGER Revised 12/94

# INSTRUCTIONS

## LAND DISPOSAL RESTRICTIONS NOTIFICATION AND CERTIFICATION FORM

### PHASE II

The USEPA recently promulgated Phase II of the Land Disposal Restriction (LDR) program. These regulations are effective as of 12/19/94. The new regulations intend to simplify and provide consistency in the LDR program. Cycle Chem, Inc. has revised the Land Disposal Notification and Certification form in order to assist you in complying with the new requirements. Although it is our hope that you will find this format easy to use, if you have any questions feel free to contact our staff at (908) 355-5800 and we will be glad to assist you.

This form can be used for four manifest items or an additional continuation form. The instructions are as follows:

#### Section I

Note the Line Items and corresponding USEPA Hazardous Waste Codes as noted on the accompanying manifest. Note whether the waste meets the criteria for wastewater or nonwastewater. Also note your CGI generator product code.

#### Section II

For all wastes that exhibit a characteristic and are managed in non-Clean Water Act, non-CWA equivalent and non-Class I SDWA Systems (except for the 40 CFR Part 261.21 (a) (1) High TOC Subcategory): Simply circle the line item for each applicable EPA Waste Code.

If your waste has any underlying hazardous constituents as defined in 40 CFR Part 268.38 you must list the corresponding manifest line items. In addition you must identify the constituent which is present in the waste at a level above the Universal Treatment Standard.

#### Section III

For Lab Packs which contain only wastes which are not excluded under Appendix IV to 40 CFR Part 261 you may choose the alternate treatment certification. You must note the corresponding manifest line items.

#### Section IV

If any other subcategories apply to your waste, you must circle the appropriate line item, and note each RCRA waste code with the corresponding applicable subcategory. You must also note whether the waste is a wastewater or nonwastewater.

#### Section V

Simply circle the line item for each applicable EPA Waste Code. You must note the corresponding manifest line items next to the applicable constituent(s) for all F001-F005 spent solvent wastes.

#### Section VI

If the waste is subject to any California List Restrictions you must circle the line item next to the corresponding restriction.

#### Certifications

##### Section VII

###### Non Hazardous Waste Certification

Simply denote (x) next to this certification for all wastes not subject to any land disposal restriction, circle the appropriate line items and list the appropriate waste code(s). Sign and date.

##### Section VIII

###### Hazardous Waste Certification

Simply denote (x) next to this certification if you are managing a restricted waste as noted in any categories listed on this LDR. Sign and date.

# CERTIFICATE OF REACTIVATION

Westates Carbon - Arizona, Inc.

A Wheelabrator Technologies Company

WCAI  
P. O. Box E  
2523 Mutahar Street  
Parker, Arizona 85344

|                |          |       |
|----------------|----------|-------|
| NEW YORK TIMES | 03/12/96 | 30796 |
|----------------|----------|-------|

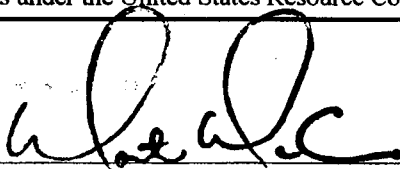
|      |    |          |
|------|----|----------|
| DRUM | 18 | 960002NH |
|------|----|----------|

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|  |
|--|

The spent carbon received on the above date was processed through the Westates Carbon - Arizona, Inc. thermal treatment system. This spent carbon was reactivated, in accordance with federal regulations, by a thermal process that completely removed volatile and semi-volatile organic contaminants adsorbed on the spent carbon and reactivated the carbon for suitable reuse.

Reactivation of the spent carbon by the Westates Carbon-Arizona, Inc. treatment system completes all of the certificate holder's responsibilities under the United States Resource Conservation and Recovery Act.

FEDERAL EPA I.D. AZD 982 441 263



Monte McCue, WCAI Plant Manager

OCT 01 1996

Date



# CERTIFICATE OF REACTIVATION

Westates Carbon - Arizona, Inc.

A Wheelabrator Technologies Company

WCAI  
P. O. Box E  
2523 Mutahar Street  
Parker, Arizona 85344

|                |          |       |
|----------------|----------|-------|
| NEW YORK TIMES | 01/19/96 | 00001 |
|----------------|----------|-------|

|      |    |          |
|------|----|----------|
| DRUM | 16 | 960002NH |
|------|----|----------|

|  |
|--|
|  |
|--|

The spent carbon received on the above date was processed through the Westates Carbon - Arizona, Inc. thermal treatment system. This spent carbon was reactivated, in accordance with federal regulations, by a thermal process that completely removed volatile and semi-volatile organic contaminants adsorbed on the spent carbon and reactivated the carbon for suitable reuse.

Reactivation of the spent carbon by the Westates Carbon-Arizona, Inc. treatment system completes all of the certificate holder's responsibilities under the United States Resource Conservation and Recovery Act.

FEDERAL EPA I.D. AZD 982 441 263

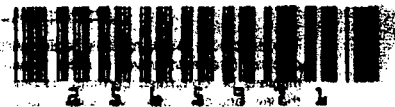
  
Monte McCue, WCAI Plant Manager

OCT 01 1996

Date



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421



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Form Approved: OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | Generator's US EPA ID No.  | Manifest Document No. | 2. Page 1 of 1   | Information in the shaded areas is not required by Federal law. |
|--|--|--|-----------------------|--|---|
| 3. Generator's Name and Mailing Address<br><b>NEW YORK TIMES</b><br><b>918 103 HAN</b>   |  | 6. US EPA ID Number<br><b>01 000 000 000 000 000</b>   |                       | A. State Manifest Document Number<br><b>NJA 2385971</b>                |   |
| 4. Generator's Phone<br><b>212 512 2000</b>  |  | 7. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |                       | B. State Generator's License Number<br><b>01 000 000 000 000 000</b>   |   |
| 5. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |  | 8. US EPA ID Number<br><b>01 000 000 000 000 000</b>   |                       | C. State Transporter's License Number<br><b>01 000 000 000 000 000</b> |   |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number  |                       | D. Transporter's Phone<br><b>710 354-0210</b>                          |   |
| 9. Designated Facility Name and Site Address<br><b>CYCLE CHEN INC.</b><br><b>317 SOUTH FIRST ST.</b><br><b>ELIZABETH</b>   |  | 10. US EPA ID Number   |                       | E. State Trans ID Number<br><b>01 000 000 000 000 000</b>              |   |
|  |  |  |                       | F. Transporter's Phone<br><b>710 354-0210</b>                          |   |
|  |  |  |                       | G. State Facility's ID Number<br><b>01 000 000 000 000 000</b>         |   |
|  |  |  |                       | H. Facility's Phone<br><b>710 354-0210</b>                             |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br><b>HM</b>  |  | 12. Containers<br>No. Type   |                       | 13. Total Quantity   | 14. Unit<br>Wt/Vol  |
| a. <b>CHEMICAL PROCESS SOLID</b><br><b>NON RCRA / NON DOT</b><br><b>X910</b>   |  | <b>XX3</b>   |                       | <b>XXXXX</b>   |   |
| b. <b>WASTE CHEMICAL PROCESS SOLID</b><br><b>NON RCRA / NON DOT</b><br><b>X910</b>   |  | <b>XX12</b>  |                       | <b>DMXR2700P</b>   |   |
| c.   |  |  |                       |  |   |
| d.   |  |  |                       |  |   |
| 15. Special Handling Instructions and Additional Information<br><b>PLATE XAJ-6953</b><br><b>B) 356919 - LWD025-00</b>  |  | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable, or, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option available to me and that I can afford.<br>Printed/Typed Name: <b>GLENN D. HUGHES</b> Signature: <i>Glenn D. Hughes</i> Month Day Year: <b>06/14/96</b> |                       |  |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: <b>Richard K. Jackson</b> Signature: <i>Richard K. Jackson</i> Month Day Year: <b>06/14/96</b>        |  |  |                       |  |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: Signature: Month Day Year:  |  |  |                       |  |   |
| 19. Discrepancy Indication Space   |  |  |                       |  |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name: Signature: Month Day Year: |  |  |                       |  |   |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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|--|--|---|-----------------------|---|---|
| 3: Generator's Name and Mailing Address<br>NEW YORK TIMES<br>206 102406<br>NJ 08837-0000   |  | 4: Generator's Phone<br>201-463-1000  |                       | 5: State Facility ID Number<br>NJ 0000-0000   |   |
| 5: Transporter 1 Company Name<br>CLEAN VENTURE, INC.   |  | 6: US EPA ID Number<br>NJ 000000027123  |                       | 7: Transporter's Phone<br>201-354-0210  |   |
| 7: Transporter 2 Company Name  |  | 8: US EPA ID Number   |                       | 8: State Facility ID Number<br>74754  |   |
| 9: Designated Facility Name and Site Address<br>CWEIL GEN INC.<br>211 WYOMING FIRST ST.<br>ELIZABETH NJ 07208-1000   |  | 10: US EPA ID Number  |                       | 9: Transporter's Phone<br>201-354-0210  |   |
| 11: US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM<br>a. CHEMICAL WASTE SOLID<br>NON RCRA / NON DOT<br>1910<br>b. WASTE CHEMICAL PROCESS SOLID<br>NON RCRA / NON DOT<br>X910<br>c.<br>d. |  | 12: Containers<br>No. Type Quantity<br>XX3" XXXX3'<br>12 MX2700P  |                       | 13: Total Quantity<br>12 MX2700P  |   |
| 14: Unit Wt/Vol  |  | 15: Waste No.   |                       | 16: Additional Descriptions for Material Listed Above<br>a. PVC PIPING 12" x 12"<br>b. INK (60Y) 100-1000<br>c. PLATE XAJ-6-55<br>d. 35B969-LWD025-00   |   |
| 15: Special Handling Instructions and Additional Information<br>PLATE XAJ-6-55<br>35B969-LWD025-00   |  | 16: GENERATOR'S CERTIFICATION<br>I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have adopted the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to public health and the environment OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option that is available to me and that I can afford. |                       | 17: Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: Richard K. JACKSON<br>Signature: [Signature]<br>Month Day Year: 06/14/96   |   |
| 18: Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name: [Signature]<br>Signature: [Signature]<br>Month Day Year: 06/14/96   |  | 19: Discrepancy Indication Space  |                       | 20: Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.<br>Printed/Typed Name: [Signature]<br>Signature: [Signature]<br>Month Day Year: 06/14/96 |   |



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

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|--|--|--|-----------------------|--|---|
| 3. Generator's Name and Mailing Address<br><b>NEW YORK TIMES</b><br><b>108 603 4094 EDISON</b><br><b>000 000 0000 NEW</b>                        |  | 6. US EPA ID Number<br><b>000 000 0000 27193</b>   |                       | A. State Manifest Document Number<br><b>NJA 2585971</b>  |   |
| 4. Generator's Phone ( )   |  | 7. Transporter 1 Company Name<br><b>CLEAN VENTURE, INC.</b>  |                       | B. State Generator's ID-(Gen. Site Address)<br><b>000 000 0000 NEW</b>   |   |
| 5. Transporter 1 Company Name  |  | 8. US EPA ID Number  |                       | C. State ID-NUDEPE<br><b>000 000 0000 NEW</b>  |   |
| 7. Transporter 2 Company Name  |  | 9. Designated Facility Name and Site Address<br><b>CYLE CHEM INC.</b><br><b>217 MAIN FIRST ST.</b><br><b>ELIZABETH</b>               |                       | D. Transporter's Phone ( )<br><b>708 354-0200</b>  |   |
| 10. US EPA ID Number   |  | 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br><b>HM</b>          |                       | E. State Trans. ID-NUDEPE<br><b>000 000 0000 NEW</b>   |   |
| 12. Containers<br>No. Type   |  | 13. Total Quantity   |                       | 14. Unit Wt/Vol  |   |
| a. <b>CHEMICAL PROCESS SOLID</b><br><b>NON-RCRA/NON-DOT</b><br><b>X910</b>   |  | b. <b>WASTE CHEMICAL PROCESS SOLID</b><br><b>NON RCRA/NON DOT</b><br><b>X910</b>   |                       | c. <b>12 DMX2700P</b>  |   |
| c. <b>12 DMX2700P</b>  |  | d. <b>12 DMX2700P</b>  |                       | e. <b>12 DMX2700P</b>  |   |
| 15. Special Handling Instructions and Additional Information<br><b>PLATE XAJ-6953</b><br><b>A) 356969-11005-02</b><br><b>B) 356969-LWD025-00</b> |  | 16. Handling Codes for Wastes Listed Above   |                       | 17. Additional Descriptions for Materials Listed Above   |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Richard K. JACKSON</b>                                     |  | Signature<br><b>Richard K. Jackson</b>   |                       | 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><b>Richard K. JACKSON</b>                         |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name  |  | Signature  |                       | 19. Discrepancy Indication Space   |   |
| 19. Discrepancy Indication Space   |  | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. |                       | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.             |  | Printed/Typed Name   |                       | Signature  |   |



IV. RESTRICTED WASTE NOTIFICATION

| LINE<br>ITEM | RCRA<br>CODE | WW  | NWW | APPLICABLE<br>SUBCATEGORY |
|--------------|--------------|-----|-----|---------------------------|
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |
| ABCD_        |              | [ ] | [ ] |                           |

V. F001 - F005 SPENT SOLVENT WASTES CONSTITUENT(S)

| ABCD_ F001                 | ABCD_ F002 | ABCD_ F003                                  | ABCD_ F004 | ABCD_ F005 |
|----------------------------|------------|---|------------|------------|
| ABCD_ acetone              |            | ABCD_ ethyl ether                           |            |            |
| ABCD_ benzene              |            | ABCD_ methanol                              |            |            |
| ABCD_ n-butyl alcohol      |            | ABCD_ methylene chloride                    |            |            |
| ABCD_ iso-butyl alcohol    |            | ABCD_ methyl ethyl ketone                   |            |            |
| ABCD_ carbon disulfide     |            | ABCD_ methyl isobutyl ketone                |            |            |
| ABCD_ carbon tetrachloride |            | ABCD_ nitrobenzene                          |            |            |
| ABCD_ chlorobenzene        |            | ABCD_ pyridine                              |            |            |
| ABCD_ m-cresol             |            | ABCD_ tetrachloroethylene                   |            |            |
| ABCD_ o-cresol             |            | ABCD_ toluene                               |            |            |
| ABCD_ p-cresol             |            | ABCD_ 1,1,1-trichloroethane                 |            |            |
| ABCD_ cresylic acid        |            | ABCD_ 1,1,2-trichloroethane                 |            |            |
| ABCD_ cyclohexanone        |            | ABCD_ trichloroethylene                     |            |            |
| ABCD_ o-dichlorobenzene    |            | ABCD_ trichloromono-fluoromethane           |            |            |
| ABCD_ ethyl acetate        |            | ABCD_ 1,1,2-trichloro-1,2,2-trifluoroethane |            |            |
| ABCD_ ethyl benzene        |            | ABCD_ xylenes                               |            |            |

VI. CALIFORNIA LIST WASTES

|   |
|---|
| ABCD_ NICKEL $\geq$ 134 mg/l                              |
| ABCD_ LIQUIDS WITH PCB's $\geq$ 50 PPM                    |
| ABCD_ THALLIUM $\geq$ 130 mg/l                            |
| ABCD_ HALOGENATED ORGANIC CARBON (HOC's) $\geq$ 1000 mg/l |

VII. NON HAZARDOUS WASTE CERTIFICATION

I certify that the following manifest line items are not subject to any land disposal restrictions as specified in 40 CFR Subpart D and all applicable prohibitions set forth in Part 268 or RCRA Section 3004 (d).

|                                |                          |
|--------------------------------|--------------------------|
| ABCD_ NON HAZ CODE <u>X910</u> | ABCD_ NON HAZ CODE _____ |
| ABCD_ NON HAZ CODE _____       | ABCD_ NON HAZ CODE _____ |

VIII. CERTIFICATION

"I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste described on this page does not comply with the treatment standards specified in 40 CFR 268, Subpart D or RCRA Section 3004(d), and all applicable prohibitions set forth in appropriate regulatory treatment standards prior to land disposal."

Signature: Glenn D. Hughes Date: June 14, 1996  
Print Name: GLENN D. HUGHES Title: MAINTENANCE MANAGER Revised 12/94

# INSTRUCTIONS

## LAND DISPOSAL RESTRICTIONS NOTIFICATION AND CERTIFICATION FORM

### PHASE II

The USEPA recently promulgated Phase II of the Land Disposal Restriction (LDR) program. These regulations are effective as of 12/19/94. The new regulations intend to simplify and provide consistency in the LDR program. Cycle Chem, Inc. has revised the Land Disposal Notification and Certification form in order to assist you in complying with the new requirements. Although it's our hope that you will find this format easy to use, if you have any questions feel free to contact our staff at (908) 355-5800 and we will be glad to assist you.

This form can be used for four manifest items or an additional continuation form. The instructions are as follows:

**Section I** Note the Line Items and corresponding USEPA Hazardous Waste Codes as noted on the accompanying manifest. Note whether the waste meets the criteria for wastewater or nonwastewater. Also note your CGI generator product code.

**Section II** For all wastes that exhibit a characteristic and are managed in non-Clean Water Act, non-CWA equivalent and non-Class I SDWA Systems (except for the 40 CFR Part 261.21 (a) (1) High TOC Subcategory): Simply circle the line item for each applicable EPA Waste Code.

If your waste has any "underlying hazardous constituents" as defined in 40 CFR Part 268.38 you must list the corresponding manifest line items. In addition you must identify the constituent which is present in the waste at a level above the Universal Treatment Standard.

**Section III** For Lab Packs which contain only wastes which are not excluded under Appendix IV to 40 CFR Part 261 you may choose the alternate treatment certification. You must note the corresponding manifest line items.

**Section IV** If any other subcategories apply to your waste, you must circle the appropriate line item, and note each RCRA waste code with the corresponding applicable subcategory. You must also note whether the waste is a wastewater or nonwastewater.

**Section V** Simply circle the line item for each applicable EPA Waste Code. You must note the corresponding manifest line items next to the applicable constituent(s) for all F001-F005 spent solvent wastes.

**Section VI** If the waste is subject to any California List Restrictions you must circle the line item next to the corresponding restriction.

### Certifications

**Section VII Non Hazardous Waste Certification**  
Simply denote (x) next to this certification for all wastes not subject to any land disposal restriction, circle the appropriate line items and list the appropriate waste code(s). Sign and date.

**Section VIII Hazardous Waste Certification**  
Simply denote (x) next to this certification if you are managing a restricted waste as noted in any categories listed on this LDR. Sign and date.





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421



Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.            | Manifest Document No. | 2. Page 1 of 1                                    | Information in the shaded areas is not required by Federal law. |
|---|--|---|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>201 SOUTH FIRST ST.<br>ELIZABETH, NJ 07208   |  | 4. Generator's Phone<br>(908) 493-4076  |                       | A. State Manifest Document Number<br>NJ A 2585978 |   |
| 5. Transporter 1 Company Name<br>CLEAN VENTURE, INC.  |  | 6. US EPA ID Number<br>2170010000217119 |                       | B. State Generator's Office Use Only              |   |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number                     |                       | C. State Transporter's Office Use Only            |   |
| 9. Designated Facility Name and Site Address<br>CYCLE CEN INC.<br>217 SOUTH FIRST ST.<br>ELIZABETH, NJ 07208  |  | 10. US EPA ID Number                    |                       | D. Transporter's Phone<br>(908) 355-5900          |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. WASTE CHEMICAL PROCESS SOLID<br>NON-FLAMMABLE/NON-TOXIC<br>2911  |  | 12. Containers<br>No. 1                 |                       | 13. Total Quantity<br>400 P                       | 14. Unit<br>WT/VOL  |
| b. WASTE CHEMICAL PROCESS SOLID<br>NON-FLAMMABLE/NON-TOXIC<br>2911  |  | 15. Containers<br>No. 2                 |                       | 440   |   |
| c. WASTE FLAMMABLE LIQUID<br>2911   |  | 15. Containers<br>No. 3                 |                       | 55  |   |
| d. WASTE CHEMICAL PROCESS SOLID<br>NON-FLAMMABLE/NON-TOXIC<br>2911  |  | 15. Containers<br>No. 4                 |                       |   |   |
| J. Additional Descriptions for Materials Listed Above<br>a. 100 PPG Plastic 40-500<br>b. 100 PPG Plastic 40-500<br>c. 100 PPG Plastic 40-500<br>d. 100 PPG Plastic 40-500   |  |   |                       |   |   |
| 15. Special Handling Instructions and Additional Information<br>EMERGENCY PHONE (908) 354-0210 Clean Venture, Inc.<br>IN CASE 74735<br>RSG427 PEAR # 8055955  |  |   |                       |   |   |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to public health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best management option that is available to me and that I can afford. |  |   |                       |   |   |
| Printed/Typed Name<br>GLENN D. HUGHES   |  | Signature<br>[Signature]                |                       | Month Day Year<br>06/14/96                        |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Daniel P. Argo   |  | Signature<br>[Signature]                |                       | Month Day Year<br>06/14/96                        |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  | Signature                               |                       | Month Day Year                                    |   |
| 19. Discrepancy Indication Space  |  |   |                       |   |   |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name  |  |   |                       |   |   |
| Signature   |  |   |                       |   |   |
| Month Day Year  |  |   |                       |   |   |





State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421



Please type or print in block letters. Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-96

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | Generator's US EPA ID No.  | Manifest Document No. | 2. Page 1 of 1   | Information in the shaded areas is not required by Federal law. |               |
|---|--|--|-----------------------|--|---|---------------|
| 3. Generator's Name and Mailing Address<br>NEW YORK TIMES<br>100 NASSAU ST.<br>NEW YORK, NY 10038   |  | 4. Generator's Phone ( ) 212 512-4000  |                       | A. State Manifest Document Number<br>NJ A 2565978  |   |               |
| 5. Transporter 1 Company Name<br>CLEAN VENTURE, INC.  |  | 6. US EPA ID Number<br>NJ 000000027191   |                       | B. State Generator's ID Number<br>NJ 0000000000  |   |               |
| 7. Transporter 2 Company Name   |  | 8. US EPA ID Number  |                       | C. State Transporter's ID Number<br>NJ 0000000000  |   |               |
| 9. Designated Facility Name and Site Address<br>ENTER CORP.<br>111 SOUTH FIRST ST.<br>ELIZABETH, NJ 07208   |  | 10. US EPA ID Number<br>NJ 000000027191  |                       | D. Transporter's Phone ( )<br>E. State Transporter's ID Number<br>F. State Facility's ID Number<br>G. Facility's Phone ( ) |   |               |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>a. WASTE CHEMICAL PROTECT SOLID<br>b. WASTE CHEMICAL PROTECT SOLID<br>c. WASTE FLAMMABLE LIQUID AND<br>d. WASTE CHEMICAL PROTECT SOLID  |  | 12. Containers:<br>No. Type  |                       | 13. Total Quantity   | 14. Unit Wt/Vol   | 15. Waste No. |
| a. WASTE CHEMICAL PROTECT SOLID<br>NEW YORK TIMES DOT<br>1910   |  | XXI 1  |                       | XX 400P  |   |               |
| b. WASTE CHEMICAL PROTECT SOLID<br>NEW YORK TIMES DOT<br>1910   |  | XX 8   |                       | XX 440   |   |               |
| c. WASTE FLAMMABLE LIQUID AND<br>1. UN1983 F001   |  | XX 1   |                       | XX 58  |   |               |
| d. WASTE CHEMICAL PROTECT SOLID<br>NEW YORK TIMES DOT<br>1910   |  | XX 1   |                       | XX 58  |   |               |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of waste generated to the degree to be economically practicable, and I have adopted the practicable method of treatment, storage, or disposal currently available to me which minimizes the future threat to man and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste and select the most appropriate management method that is available to me and that I can afford. |  | 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Signature<br>Month Day Year |                       |  |   |               |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Signature<br>Month Day Year  |  | 19. Discrepancy Indication Space   |                       |  |   |               |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>Signature<br>Month Day Year   |  |  |                       |  |   |               |

State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 421, Trenton, NJ 08625-0421

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-96

|   |  |  |  |   |  |  |  |   |  |
|---|--|--|--|---|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.   |  | Manifest Document No.                                     |  | 2. Page 1 of 1   |  | Information in the shaded areas is not required by Federal law      |  |
| 3. Generator's Name and Mailing Address<br>NEW JERSEY<br>EDISON<br>NEW JERSEY 07033 |  | 4. Generator's Phone<br>(201) 603-4096                                     |  | 5. Transporter 1 Company Name<br>CLEAN VENTURE, INC.      |  | 6. US EPA ID Number<br>NJ000000027191  |  | 7. Transporter 2 Company Name                                       |  |
| 8. Designated Facility Name and Site Address<br>1000 NEW JERSEY<br>1000 NEW JERSEY  |  | 9. US EPA ID Number  |  | 10. US EPA ID Number                                      |  | 11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)<br>HM |  | 12. Containers<br>No. Type  |  |
| 13. Total Quantity  |  | 14. Unit Wt/Vol  |  | 15. Waste No.   |  | 16. State Manifest Document Number<br>NJ 2565978   |  | 17. State Generator's ID (Gen. Site Address)<br>500 NEW JERSEY AVE. |  |
| 18. State Trans. ID-NJDEPE<br>NJ 0000000000   |  | 19. Decal No.<br>2565978   |  | 20. Transporter's Phone                                   |  | 21. State Trans. ID-NJDEPE<br>NJ 0000000000  |  | 22. Decal No.<br>2565978  |  |
| 23. Transporter's Phone   |  | 24. State Facility's ID  |  | 25. Facility's Phone                                      |  | 26. Additional Descriptions for Materials Listed Above   |  | 27. Handling Codes for Wastes Listed Above                          |  |
| 28. Material 1<br>PVC PIPING 40-800<br>INK (201) 30-600                             |  | 29. Material 2<br>INK SLIDERS (201) 60-700<br>Deteriorated, Packed, 30-600 |  | 30. Material 3<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 31. Material 4<br>INK SLIDERS (201) 60-700<br>Deteriorated, Packed, 30-600   |  | 32. Material 5<br>PVC PIPING 40-800<br>INK (201) 30-600             |  |
| 33. Material 6<br>PVC PIPING 40-800<br>INK (201) 30-600                             |  | 34. Material 7<br>PVC PIPING 40-800<br>INK (201) 30-600                    |  | 35. Material 8<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 36. Material 9<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 37. Material 10<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 38. Material 11<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 39. Material 12<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 40. Material 13<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 41. Material 14<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 42. Material 15<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 43. Material 16<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 44. Material 17<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 45. Material 18<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 46. Material 19<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 47. Material 20<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 48. Material 21<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 49. Material 22<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 50. Material 23<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 51. Material 24<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 52. Material 25<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 53. Material 26<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 54. Material 27<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 55. Material 28<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 56. Material 29<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 57. Material 30<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 58. Material 31<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 59. Material 32<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 60. Material 33<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 61. Material 34<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 62. Material 35<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 63. Material 36<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 64. Material 37<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 65. Material 38<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 66. Material 39<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 67. Material 40<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 68. Material 41<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 69. Material 42<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 70. Material 43<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 71. Material 44<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 72. Material 45<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 73. Material 46<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 74. Material 47<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 75. Material 48<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 76. Material 49<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 77. Material 50<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 78. Material 51<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 79. Material 52<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 80. Material 53<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 81. Material 54<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 82. Material 55<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 83. Material 56<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 84. Material 57<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 85. Material 58<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 86. Material 59<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 87. Material 60<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 88. Material 61<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 89. Material 62<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 90. Material 63<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 91. Material 64<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 92. Material 65<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 93. Material 66<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 94. Material 67<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 95. Material 68<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 96. Material 69<br>PVC PIPING 40-800<br>INK (201) 30-600   |  | 97. Material 70<br>PVC PIPING 40-800<br>INK (201) 30-600            |  |
| 98. Material 71<br>PVC PIPING 40-800<br>INK (201) 30-600                            |  | 99. Material 72<br>PVC PIPING 40-800<br>INK (201) 30-600                   |  | 100. Material 73<br>PVC PIPING 40-800<br>INK (201) 30-600 |  | 101. Material 74<br>PVC PIPING 40-800<br>INK (201) 30-600  |  | 102. Material 75<br>PVC PIPING 40-800<br>INK (201) 30-600           |  |
| 103. Material 76<br>PVC PIPING 40-800<br>INK (201) 30-600                           |  |  |  |   |  |  |  |   |  |

## NON-HAZARDOUS SOLID WASTE

The Environmental Services Source

### BILL OF LADING

N J D 9 8 6 5 9 7 5 2 4

1

Generator's Name and Mailing Address

NEW YORK TIMES

3003 WOODBRIDGE AVE.

EDISON

NJ 08837-0000

BOL

0 4 5 2 8 6 A

Generator's Phone (

908 ) 603-4096

Transporter 1 Company Name

Clean Venture, Inc.

N J 0 0 0 0 0 2 7 1 9 3

Transporter 2 Company Name

600 WASHINGTON AVE.

CARLSTADT

NJ 00000-0000

State Trans. ID-NJDEPE

S5811

Decal No.-

Transporter's Phone ( 908 ) 355-5800

State Trans. ID-NJDEPE

Decal No.-

Transporter's Phone ( )

Facility's Phone ( 908 ) 355-5800

Designated Facility Name and Site Address

CYCLE CHEM INC.

217 SOUTH FIRST ST.

ELIZABETH

10.

US EPA ID Number

NJ 07206-0000

N J D 0 0 2 2 0 0 0 4 6

US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

Containers

No.

Type

Total  
Quantity

Unit  
Wt/Vol

Waste No.

a. WASTE CHEMICAL PROCESS SOLID  
NON-RCRA/NON-DOT  
X910

DM

6

X910

b. WASTE CHEMICAL PROCESS LIQUID  
NON-RCRA/NON-DOT  
ID72

DM

6

ID72

c.

d.

J. Additional Descriptions for Materials Listed Above

S Non Haz Soil 100%

a.

c.

b. L Purge Water 100%

d.

CCI Generator # and Product Codes:

EMERGENCY PHONE

#908-354-0210 CLEAN VENTURE, INC.

A)356969-BF01 -01 B)356969-DW001 -00

W/O 045286

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and are non-hazardous by USEPA &amp; applicable state regulations.

PLACARDS  
REQUIRED

PLACARDS  
SUPPLIED

YES NO- FURNISHED BY CARRIER

Printed/Typed Name

Signature

Month Day Year

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest.

Printed/Typed Name

GLENN D. HUGHES

Signature

Glenn D. Hughes

Month Day Year

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

COPY 1 WHITE GENERATOR

COPY 2 PINK TRANSPORTER

COPY 3 BLUE CycleChem

COPY 4 CANARY FACILITY

APPENDIX E



Glenn Hughes

Site Name A-P-A TRUCK LEASING CORP.  
600 WASHINGTON AVE. CARLSTADT, NJ 07072

EPA ID No. N J D 9 8 1 4 8 1 2 9 4

OFFICIAL USE ONLY

Ann. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

Rec'd By \_\_\_\_\_

1992 FEE VERIFICATION WORKSHEET

INSTRUCTIONS: Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue  
CN417  
428 East State Street  
Trenton, NJ 08625-0417  
Attention: Manifest Section

Fee Category

- ☐ No Fee This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.
- ☐ \$125.00 This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
- ☒ \$180.00 This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
- ☐ \$300.00 This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year.
- ☐ \$400.00 This site (company) manifested 150 tons or more of hazardous waste during the calendar year.
- ☐ \$\_\_\_\_\_ Other, the attached check is for multiple sites as identified on the reverse side of this form.

BEFORE COPYING FORM,  
ENTER:

SITE NAME A-P-A TRUCK LEASING CORP.

600 WASHINGTON AVE. CARLSTADT NJ  
07072

EPA ID NO. N J D 9 8 1 4 8 1 2 9 4

1992 Hazardous Waste Report

FORM  
IC

IDENTIFICATION AND  
CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1992 Hazardous Waste Report booklet before completing this form.

**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

|  |  |  |  |
|--|--|--|--|
| A. EPA ID No.<br>Same as label <input checked="" type="checkbox"/> or <u>          </u>  |  | B. County<br><u>BERGEN</u>   |  |
| C. Site/company name<br>Same as label <input checked="" type="checkbox"/> or <u>          </u>   |  | D. Has the site name associated with this EPA ID changed since 1989?<br><input type="checkbox"/> 1 Yes<br><input checked="" type="checkbox"/> 2 No |  |
| E. Street name and number. If not applicable, enter industrial park, building name or other physical location description.<br>Same as label <input checked="" type="checkbox"/> or <u>          </u> |  |  |  |
| F. City, town, village, etc.<br>Same as label <input checked="" type="checkbox"/> or <u>          </u>   |  | G. State<br>Same as label <input checked="" type="checkbox"/> <u>          </u>  | H. Zip Code<br>Same as label <input checked="" type="checkbox"/> <u>          </u> |

**SEC. II** Mailing address of site. Instruction page 6

|  |                               |                                  |
|--|-------------------------------|----------------------------------|
| A. Is the mailing address the same as the location address?<br><input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III)<br><input type="checkbox"/> 2 No (GO TO BOX B) |                               |                                  |
| B. Number and street name of mailing address<br><u>          </u>  |                               |                                  |
| C. City, town, village, etc.<br><u>          </u>  | D. State<br><u>          </u> | E. Zip Code<br><u>          </u> |

**SEC. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

|   |                             |                  |  |  |
|---|-----------------------------|------------------|--|--|
| A. Please print: Last name<br><u>LANGE,</u> | First name<br><u>WALTER</u> | M.I.<br><u>R</u> | B. Title<br><u>ACCT. ADMINISTRATOR</u> | C. Telephone<br><u>21011</u> <u>181618</u> - <u>12533</u><br>Extension <u>          </u> |
|---|-----------------------------|------------------|--|--|

**SEC. IV** Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

|                |               |               |               |
|----------------|---------------|---------------|---------------|
| A. <u>7513</u> | B. <u>N/A</u> | C. <u>N/A</u> | D. <u>N/A</u> |
|----------------|---------------|---------------|---------------|

**SEC. V** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

|   |                             |                  |  |
|---|-----------------------------|------------------|--|
| A. Please print: Last name<br><u>LANGE,</u>             | First name<br><u>WALTER</u> | M.I.<br><u>R</u> | B. Title<br><u>ACCOUNT ADMINISTRATOR</u>                             |
| C. Signature<br><u>Walter Lange</u> <u>201-868-2533</u> |                             |                  | D. Date of signature<br><u>04</u> <u>26</u> <u>92</u><br>MO. DAY YR. |

Page 1 of 5

OVER -->



BEFORE COPYING FORM,  
ENTER:

SITE NAME A-P-A TRUCK LEASING CORP.

600 WASHINGTON AVE. CARLSTADT NJ

EPA ID NO.

N J D 9 8 1 4 8 1 2 9 4

07072

FORM  
GM

1992 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |   |   |  |                         |                                      |
|--|---|---|--|-------------------------|--------------------------------------|
| Sec. I   | A. Waste description<br>Instruction Page 15 |   |  |                         |                                      |
| PETROL-NAPHTHA RESIDUE FROM CLEANING TRUCK PARTS |   |   |  |                         |                                      |
| B. EPA hazardous waste code<br>Page 15           |   |   | C. State hazardous waste code<br>Page 15 |                         |                                      |
| <u>D 0 0 1 D 0 3 9</u>                           |   |   | <u>1 0 1 0 9 1 1 0 1 0 3 1 9</u>         |                         |                                      |
| <u>1 N/A 1 N/A 1 N/A</u>                         |   |   |  |                         |                                      |
| D. SIC code<br>Page 18                           | E. Origin code<br>Page 18                   | F. Source code<br>Page 17   | G. Point of measurement<br>Page 17       | H. Form code<br>Page 17 | I. RCRA-radioactive mixed<br>Page 17 |
| <u>7 5 1 3</u>                                   | System type <u>M 9 3 2</u>                  | <u>A 0 6</u>  | <u>8</u>                                 | <u>B D K</u>            | <u>2</u>                             |
| J. Reported TRI constituent<br>Page 18           |   | K. CAS numbers<br>Page 18   |  |                         |                                      |
| <u>1</u>   |   | 1. <u>          </u> - <u>          </u> - <u>          </u> 2. <u>          </u> - <u>          </u> - <u>          </u><br>3. <u>          </u> - <u>          </u> - <u>          </u> 4. <u>          </u> - <u>          </u> - <u>          </u> 5. <u>          </u> - <u>          </u> - <u>          </u> |  |                         |                                      |

|  |  |  |  |                   |   |
|--|--|--|--|-------------------|---|
| Sec. II  | A. Quantity generated in 1991<br>Instruction Page 18 | B. Quantity generated in 1992<br>Page 18 | C. UOM<br>Page 18                                      | Density           | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|  | <u>1 7 0 3 . 0</u>                                   | <u>1 5 7 2 . 0</u>                       | <u>1</u>   | <u>          </u> | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                              |
| ON-SITE SYSTEM 1                                       |  |  | ON-SITE SYSTEM 2                                       |                   |   |
| On-site system type<br>Page 19                         |  |  | On-site system type<br>Page 19                         |                   |   |
| <u>M</u>   |  |  | <u>M</u>   |                   |   |
| Quantity treated, disposed or recycled on site in 1992 |  |  | Quantity treated, disposed or recycled on site in 1992 |                   |   |
| <u>          </u>                                      |  |  | <u>          </u>                                      |                   |   |

|  |   |                                      |  |  |  |
|--|---|--------------------------------------|--|--|--|
| Sec. III   | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20 |                                      |  |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |                                      |  |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |  |
|  | <u>N J D 0 0 0 7 6 8 0 9 3</u>  | <u>M 0 3 2</u>                       | <u>2</u>                                 | <u>1 5 7 2 . 0</u>                           |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |  |
|  | <u>          </u>   | <u>N/A</u>                           | <u>N/A</u>                               | <u>N/A</u>                                   |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Sec. IV  | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22 |   |   |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |   |   |  |  |
| B. Activity<br>Page 22   | C. Other effects<br>Page 22  | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |
| <u>W</u>   | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                            | <u>          </u>   | <u>          </u>                       | <u>          </u>                            |  |
| <u>W</u>   |  |   |   |  |  |

Comments:



BEFORE COPYING FORM,  
ENTER:

SITE NAME A-P-A TRUCK LEASING CORP.  
600 WASHINGTON AVE. CARLSTADT, NJ

07072

EPA ID NO. N J D 9 8 1 4 8 1 2 9 4

FORM

OI

1992 Hazardous Waste Report

OFF-SITE IDENTIFICATION

**INSTRUCTIONS:** Read the detailed instructions on the back of this page before completing this form.

|  |   |
|--|---|
| <b>Site 1</b>  |   |
| A. EPA ID No. of off-site installation or transporter<br><u>I L D</u> <u>0 5 1</u> <u>0 6 0</u> <u>4 0 8</u>   | B. Name of off-site installation or transporter<br><u>SAFETY-KLEEN CORP.</u>  |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR    | D. Address of off-site installation<br>Street <u>N/A</u><br>City _____ State <u>    </u> Zip Code <u>    </u> - <u>    </u> <u>    </u> |
| <b>Site 2</b>  |   |
| A. EPA ID No. of off-site installation or transporter<br><u>N J D</u> <u>9 8 1</u> <u>4 8 8</u> <u>1 1 7</u>   | B. Name of off-site installation or transporter<br><u>BILL'S WASTE OIL SERVICE</u>  |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR               | D. Address of off-site installation<br>Street _____<br>City _____ State <u>    </u> Zip Code <u>    </u> - <u>    </u> <u>    </u>      |
| <b>Site 3</b>  |   |
| A. EPA ID No. of off-site installation or transporter<br><u>    </u> <u>    </u> <u>    </u> <u>    </u>   | B. Name of off-site installation or transporter<br>   |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><u>N/A</u><br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street _____<br>City _____ State <u>    </u> Zip Code <u>    </u> - <u>    </u> <u>    </u>      |
| <b>Site 4</b>  |   |
| A. EPA ID No. of off-site installation or transporter<br><u>    </u> <u>    </u> <u>    </u> <u>    </u>   | B. Name of off-site installation or transporter<br>   |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><u>N/A</u><br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street _____<br>City _____ State <u>    </u> Zip Code <u>    </u> - <u>    </u> <u>    </u>      |
| <b>Site 5</b>  |   |
| A. EPA ID No. of off-site installation or transporter<br><u>    </u> <u>    </u> <u>    </u> <u>    </u>   | B. Name of off-site installation or transporter<br>   |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><u>N/A</u><br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR | D. Address of off-site installation<br>Street _____<br>City _____ State <u>    </u> Zip Code <u>    </u> - <u>    </u> <u>    </u>      |

Comments:

APPENDIX F



# "WORKER AND COMMUNITY RIGHT TO KNOW ACT"

## EMERGENCY SERVICES INFORMATION SURVEY (ESIS)

0815001000--2711--0225--07/30/87

1. THE NEW YORK TIMES CO

2. 229 W 43RD ST

3. NEW YORK NY

4. CARLSTADT BORO

[RTK]

### (A) FACILITY LOCATION

Does this label accurately show the facility location?

Enter changes:

1. \_\_\_\_\_
2. 600 Washington Avenue
3. Carlstadt, NJ 07072
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(B) DOES THIS FACILITY USE, STORE, OR PRODUCE ANY QUANTITY OF ANY MATERIAL LISTED ON THE ATTACHED HAZARDOUS MATERIALS TABLE? (See Instructions)

If "no", sign the certification below

☐ YES ☐ NO

If "yes", complete the form using the code numbers provided.

### ENTER CODES

CONTAINER

MIXTURE

INVENTORY

UNIT



FOR OFFICIAL USE ONLY

### (1) HAZARDOUS MATERIALS DESCRIPTION

### (2) HAZARD CLASS

### (3) ID NO.

### (4)

### (5)

### (6)

### (7)

|                               |     |    |      |    |    |    |    |
|-------------------------------|-----|----|------|----|----|----|----|
| 1. Adhesives                  | 3.1 | UN | 1133 | 47 | 27 | 10 | G  |
| 2. Batteries wet with acid    | 8   | UN | 2794 | 34 | 28 | *  | *  |
| 3. Batteris wet non spillable | 8   | UN | 2800 | 34 | 28 | *  | *  |
| 4. Fire Extinguishers (CO 2)  | 2.2 | UN | 1044 | 34 | 30 | NA | NA |
| 5.                            |     |    |      |    |    |    |    |
| 6. *130 wet batteries and     |     |    |      |    |    |    |    |
| 7. 14 non spillables of       |     |    |      |    |    |    |    |
| 8. varying size               |     |    |      |    |    |    |    |
| 9.                            |     |    |      |    |    |    |    |

(10) ☐ Check here if the information is continued on the reverse side.

☐ Check here if an "R&D" exemption is claimed. (See instructions)

### (C) CERTIFICATION OF COMPANY OFFICIAL

I, hereby, certify that all statements made by me are true, complete and correct to the best of my knowledge.

SIGNATURE Mitchell Weingarten DATE 7/22/87 TITLE Safety Mgr.

Name (Print) Mitchell Weingarten

Phone Number 212 556 1960

(D) NOTE: MAKE COPIES OF THIS FORM! The Law requires that you send copies of this report to your Local Fire and Police Departments. Enter their respective phone numbers, name and addresses, (including Zip Code) in the spaces below and send them both a copy.

Return original to:

NJDEP SURVEY  
CN 405

Trenton, NJ 08625

☐ 1 ☐ 2 ☐ 3 ☐ 4

POLICE DEPT. Phone Number 201 438 4300

Name Carlstadt Polic Department

Address 500 Madison Avenue

Municipality Carlstadt, NJ Zip Code

FIRE DEPT. Phone Number 201 438 4300

Name Carlstadt Fire Company

Address 500 Madison Avenue

Municipality Carlstadt, NJ Zip Code

**State of New Jersey**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**"WORKER AND COMMUNITY RIGHT TO KNOW ACT"**  
**EMERGENCY SERVICES INFORMATION SURVEY (ESIS)**

INSTRUCTIONS FOR COMPLETION OF THE  
EMERGENCY SERVICES INFORMATION SURVEY (ESI SURVEY)  
FOR THE  
WORKER AND COMMUNITY RIGHT TO KNOW ACT

**GENERAL INFORMATION**

The Emergency Services Information Survey (ESI Survey) is being conducted by the New Jersey Department of Environmental Protection (N.J. DEP) pursuant to the Worker and Community Right-to-Know Act (P.L. 1983, Chapter 315, N.J.S.A. 34:5A-1 et seq.) and regulations. This survey is intended to provide information on hazardous materials, present at your facility, to your local fire and police departments so that they may adequately plan for and respond to emergencies. This survey is based on the United States Department of Transportation (U.S. DOT) Hazardous Materials Table.\*

Before beginning to complete the survey form, make extra working copies of both sides of the form, review the attached U.S. DOT Table and read these instructions.

YOUR PARTICIPATION IN THIS SURVEY IS MANDATORY; THE COMPLETED FORM IS DUE WITHIN 90 DAYS OF YOUR RECEIPT OF THE SURVEY.

**SPECIFIC INSTRUCTIONS**

Please print or type your responses on the ESI Survey form.

**SECTION A - FACILITY LOCATION**

Review the information printed on the preprinted mailing label located at the top left corner of the survey form. The address should indicate the actual physical location of the facility and not merely a corporate mailing address or post office box. Include a map or site sketch, if necessary, to adequately describe the facility location. If there is more than one facility in New Jersey associated with your company, complete a separate survey form for each facility location. A "facility location" means the "building, equipment and contiguous area at a single location used for the conduct of business."

Enter the correct information in Section A. (See sample form attached.)

\* U.S. DOT Title 49 CFR, Part 172.102, (Federal Register, Vol. 48, No. 211 pp. 50234-50279, October 31, 1983) "Department of Transportation Optional Hazardous Materials Table"

## SECTION B - HAZARDOUS MATERIALS INVENTORY

To complete this section, you must determine whether or not your facility uses, stores, or produces materials listed on the attached U.S. DOT Table.

You should first review an inventory of materials that were used, manufactured, stored, warehoused, packaged, repackaged, released from or disposed of at your facility during 1984. Make particular note of those materials which require special U.S. DOT placarding or hazardous materials labeling for shipment to and from your facility. Labeled or placarded hazardous materials are definitely on a U.S. DOT Table; however, do not overlook materials which are not properly labeled for shipment. Compare your inventory of substances to the hazardous materials listed in the attached U.S. DOT Table.

You must know the components of mixtures or tradename items in order to determine whether they contain materials on the U.S. DOT Table. Make every effort to determine this information by contacting your supplier or the manufacturer or referring to existing Material Safety Data Sheets. If you cannot obtain this information, contact the N.J.DE.P.

If your inventory DOES NOT CONTAIN any materials that are listed in the attached U.S. DOT Hazardous Material Table, then check the box marked "NO" and proceed directly to Section C (Certification Statement). Complete this section. Sign and return the survey form and copies as indicated in Section D.

If your inventory DOES CONTAIN materials that are listed in the U.S. DOT Hazardous Materials Table, then check the box marked "YES" and complete Items 1 through 7 for each material.

### Note on Small Quantity Consumer Products, Materials and Supplies

In compiling your inventory, it is not necessary to include those materials you purchase "in the same form and concentration as a product packaged for commercial distribution and use by the general public..." For example, it is not necessary to include materials purchased in normal retail quantities; packaged in consumer packaging; and used for the normal operation and maintenance of the offices, buildings, and grounds at your facility (e.g. touch-up paints, fire extinguishers, cleaners, and office and janitorial supplies). Materials received in bulk, rather than retail packaging (e.g. fuel oil, gasoline or solvents) should be listed.

OPTIONAL: The intent of the ESI Survey is to disclose potential hazards at your facility to your local emergency services personnel. As such, you are not limited to reporting only listed materials. You are encouraged to report all materials on site which might pose a hazard to firefighters and the public in the event of a fire, spill or other emergency at your facility.

Reporting using DOT's "101" list and the North American (N.A.) identification system is also welcome. (See 49 CFR Part 172.101).

IF YOU CHECKED "YES" IN SECTION B YOU MUST COMPLETE THE REPORTING REQUIREMENTS BELOW:

Refer to the attached U.S. DOT Hazardous Materials Table when completing Items 1, 2 and 3 below:

Item 1 - HAZARDOUS MATERIALS DESCRIPTION

List all the hazardous materials at your facility that are on the attached U.S. DOT Hazardous Materials Table. (See Section B.) (Please read Item 4 below before recording your list on the survey form.) Enter the most specific name or description listed in the Table. Avoid using "n.o.s." (no other specifications) descriptions. Make note of the "Hazard Class" (IMCO Class) and "Identification Numbers" from the U.S. DOT Hazardous Materials Table for Items 2 and 3.

If you need additional space to continue your list, check the box on line 10 and continue on the reverse side of the form. Make copies of the reverse side for additional entries, if necessary.

Item 2 - HAZARD CLASS

Indicate the listed United Nations (U.N.) Hazard Class for each hazardous material description entered; the hazard class is indicated as the "IMCO Class" on the attached Hazardous Materials Table. A guide to the United Nations Classification System can be found at the end of these instructions.

Item 3 - I.D. NUMBER

Indicate the appropriate identification number for each hazardous material entered in Item 1. The I.D. number is always preceded by the United Nations (U.N.) designation on the attached U.S. DOT Hazardous Materials Table.

NOTE: If you are reporting additional materials which are not on the U.S. DOT Hazardous Materials Table and are unsure of code numbers, leave these spaces blank.

COMPLETE ITEMS 4, 5, 6 AND 7 USING THE CODES PROVIDED BELOW:

Item 4 - CONTAINER TYPE

(Methods of Storage or Types of Containers Used)

Using the codes listed below, enter the correct codes for the major or most predominant types of containers used to store each hazardous material. If a given hazardous material is stored in more than one type of container, then enter the

material description in Item 1 as many times as there are container types used, for a maximum of 3 entries for each material. Also complete Items 5, 6 and 7 for each container type entered in Item 4.

Container Codes (Enter in Item 4)

|                         |                              |
|-------------------------|------------------------------|
| 50 above ground tank    | 42 bag                       |
| 49 below ground tank    | 41 box                       |
| 48 tank inside building | 40 cylinder                  |
| 47 steel drum           | 39 bottles or jugs (glass)   |
| 46 can                  | 38 bottles or jugs (plastic) |
| 45 carboy               | 37 tote bin                  |
| 44 silo                 | 36 tank wagon                |
| 43 fiber drum           | 35 railcar                   |
|                         | 34 other (describe)          |

Example: If toluene is stored at your facility in three different containers, then enter toluene three times in Item 1 and complete Items 5, 6 and 7 for each individual container type entered in Item 4.

Item 5 - MIXTURE

Enter the correct code that indicates whether, and the degree to which, the hazardous material is present as a component of a mixture.

Mixture Codes (Enter in Item 5)

30 Pure state (98% or greater)  
 29 50% or greater  
 28 Unknown  
 27 Less than 50% but greater than 1%  
 26 Present, but less than 1% of the mixture  
 25 Percent of mixture is included in the  
 Hazardous Materials Description

Item 6 - INVENTORY RANGE  
 (Maximum Inventory Quantity During 1984)

Enter the correct code for the range that represents most accurately the maximum quantity of each listed material stored at the facility at any one time since January 1, 1984. This quantity should be reported in the appropriate units of measure as indicated in Item 7.

If the material is contained in a mixture, then report the total quantity of that mixture. The N.J. DEP is aware that this may appear to be duplicate reporting. However, the intent of this survey is not to produce an exact accounting but rather to advise emergency services personnel of the upper limit of materials they might encounter.

Inventory Range (Enter in Item 6)

|    |                         |    |                   |
|----|-------------------------|----|-------------------|
| 20 | greater than 10 million | 15 | 50,001 to 100,000 |
| 19 | 1 million to 10 million | 14 | 10,001 to 50,000  |
| 18 | 500,001 to 1 million    | 13 | 1,001 to 10,000   |
| 17 | 250,001 to 500,000      | 12 | 101 to 1,000      |
| 16 | 100,001 to 250,000      | 11 | 10 to 100         |
|    |                         | 10 | less than 10      |

Item 7 - UNIT OF MEASURE

Enter the correct code for the appropriate unit of measure used in reporting the maximum inventory quantity in Item 6.

Unit Of Measure (Enter in Item 7)

C = Cubic feet for gases  
P = Pounds for solids  
G = Gallons for liquids

SECTION C - CERTIFICATION OF COMPANY OFFICIAL

Print the name, title, and phone number of the company official with responsibility for facility management and who is authorized to certify, on behalf of the company, that all statements are true, complete and correct. This certification section must be signed and dated by the authorized official.

SECTION D - FILING THIS REPORT

Enter the name, address, zip code, and phone number of the business office of your local police and fire departments at the bottom of the form.

Make at least three (3) copies of the ESI Survey form, including the reverse side and/or attachments, if necessary. You must return the originals of both the ESI Survey and the Environmental Survey Part I (Short Form) together in the same envelope to the address below. You must also attach relevant documentation of exemptions, waiver claims, or trade secret claims to the appropriate form. (See details on next page.)

N.J. DEP Survey  
CN 405  
Trenton, New Jersey 08625

In addition, you must send copies of the ESI Survey to your local police and fire departments. Do not send documentation or the Environmental Survey Part I (Short Form). Be sure to keep a copy of the ESI Survey for your own files.



## NOTES ON EXEMPTIONS, TRADE SECRETS, UPDATES AND REVISIONS, AND EXTENSIONS

### ° Research and Development Facility Exemption Claim Box

Under the Right-to-Know Act research and development (R&D) laboratories are exempt from reporting requirements. Contact the N.J. DEP for "R&D Instructions". Check the box (on the right side of the form) if you are claiming an exemption for all or part of your facility as a research and development laboratory and attach a letter demonstrating that your facility meets the following definition of an R&D Lab contained in the Worker and Community Right to Know Act: "a specially designated area used primarily for research, development and testing activity, and not primarily involved in the production of goods for commercial sale, in which hazardous materials or environmental hazardous substances are used by or under the direct supervision of a technically qualified person."

An R&D facility must "establish a communications program with the local fire department which shall be designed to assist the fire department in adequately preparing for emergencies at the research and development laboratory." Documentation verifying the development of this communications program plus the letter demonstrating that your facility meets the definition of an R&D lab must be attached to the ESI Survey and returned within 90 days of your receipt of the survey.

### ° ESI Survey Waiver Claim

If you have already submitted information required by the ESI Survey to your local fire department, you may request a waiver of the ESI Survey. Contact the New Jersey Department of Environmental Protection for "Waiver Claim Instructions." Receiving a waiver will require a "certification statement" from the chief of your local fire department, stating that you have prepared "a plan concerning the identity, characteristics, and quantities of hazardous substances used and stored" at your facility and that the local fire department does not need a completed ESI Survey to plan for and respond to emergencies. All waiver claim documentation must be attached to the ESI Survey and returned within 90 days of your receipt of the survey.

### ° Trade Secret Claims

If you feel that any information requested by the ESI Survey is a "trade secret", contact the N.J. DEP for "Trade Secret Claim Instructions". All trade secret claims will require full documentation. All documentation must be attached to the ESI Survey and returned within 90 days of your receipt of the survey.

° Update and Revision

You are required to update this survey every other year; however, "if there is any significant change during a nonreporting year...the employer shall inform the department of the change". Contact the N.J. DEP for "Update and Revision Instructions".

° Time Extensions

You may contact the N.J. DEP's Right to Know survey staff to request a 30 day time extension for just cause.

CONTACT THE N.J. DEP'S RIGHT TO KNOW SURVEY STAFF FOR ADDITIONAL INFORMATION OR ASSISTANCE AT (609) 292-6714.

N.J. DEP Survey  
CN 405  
Trenton, New Jersey 08625

Copies of the "Worker and Community Right to Know Act" may be obtained from the New Jersey Legislative Bill Room, State House Annex, Room 14, Trenton, New Jersey 08625, (609) 292-6395, by requesting "Chapter 315, Laws of 1983".

Copies of the DEP regulations on the "Worker and Community Right to Know Act" are in the New Jersey Register and in the New Jersey Administrative Code, both of which are available at most libraries. Complete copies of the regulations will be available after October 15th for a fee from the Office of Administrative Law, Publications, CN 301, Trenton, New Jersey 08625, (609) 771-0197, by requesting Title 7 Chapter 1G of the New Jersey Administrative Code.

**State of New Jersey**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**"WORKER AND COMMUNITY RIGHT TO KNOW ACT"**  
**ENVIRONMENTAL SURVEY—PART I (SHORT FORM)**

00815001000--2711--0205--07/30/87

1. THE NEW YORK TIMES CO

2. 225 W 43RD ST

3. NEW YORK NY

4.

5.

6.

10: CARLSTADT BORO

10056

[RTK]

**(A) FACILITY LOCATION**

Does this label accurately show the facility location?

Enter changes:

1. \_\_\_\_\_
2. 600 Washington Avenue
3. Carlstadt, NJ 07072
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**(B) DOES THIS FACILITY USE, STORE, OR PRODUCE ANY QUANTITY OF ANY SUBSTANCE LISTED ON THE ATTACHED ENVIRONMENTAL HAZARDOUS SUBSTANCES LIST? (See Instructions)**

If "no", sign the certification below

☐ YES ☐ NO

If "yes", complete the form using the code numbers provided.

**ENTER CODES**

**CONTAINER**

**MIXTURE**

**INVENTORY**

**UNIT**



**FOR  
OFFICIAL  
USE  
ONLY**

| ① GROUP NO. | ② ENVIRONMENTAL HAZARDOUS SUBSTANCE NAME | ③ C.A.S. NO. | ④  | ⑤  | ⑥  | ⑦ |  |
|-------------|--|--------------|----|----|----|---|--|
| 1. 14       | 111 Trichlorethane                       | 71-55-6      | 47 | 27 | 10 | G |  |
| 2.          |  |              |    |    |    |   |  |
| 3.          |  |              |    |    |    |   |  |
| 4.          |  |              |    |    |    |   |  |
| 5.          |  |              |    |    |    |   |  |
| 6.          |  |              |    |    |    |   |  |
| 7.          |  |              |    |    |    |   |  |
| 8.          |  |              |    |    |    |   |  |
| 9.          |  |              |    |    |    |   |  |
| 10.         |  |              |    |    |    |   |  |
| 11.         |  |              |    |    |    |   |  |
| 12.         |  |              |    |    |    |   |  |
| 13.         |  |              |    |    |    |   |  |
| 14.         |  |              |    |    |    |   |  |

**(15)** ☐ Check here if the information is continued on the reverse side.

**(C) CERTIFICATION OF COMPANY OFFICIAL**

I, hereby, certify that all statements made by me are true, complete and correct to the best of my knowledge.

SIGNATURE Mitchell Weingarten DATE 7/22/87 TITLE Safety Mgr.

Name (Print) Mitchell Weingarten Phone Number 212 556 1960

☐ Check here if an "R&D" exemption is claimed. (See instructions)

**Return original to:**

**NJDEP SURVEY**

**CN 405**

**Trenton, NJ 08625**

**(D) NOTE: MAKE COPIES OF THIS FORM! The Law requires that you send a copy to your County Health Department and provide your employees with access to the survey form.**

☐ 1 ☐ 2 ☐ 3

**State of New Jersey**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**"WORKER AND COMMUNITY RIGHT TO KNOW ACT"**  
**ENVIRONMENTAL SURVEY—PART I (SHORT FORM)**

INSTRUCTIONS FOR COMPLETION OF THE ENVIRONMENTAL SURVEY - PART I  
(SHORT FORM) FOR THE WORKER AND COMMUNITY RIGHT TO KNOW ACT

**GENERAL INFORMATION**

The Environmental Survey-Part I (Short Form) is being conducted by the New Jersey Department of Environmental Protection (N.J. DEP) pursuant to the Worker and Community Right to Know Act (P.L. 1983, C. 315, N.J.S.A. 34:5A-1 et seq.) and regulations. This survey is intended to gather preliminary information concerning environmental hazardous substances. It is based on a list of 154 substances selected because of their potential to cause environmental hazards and/or chronic health effects. The information collected in the Environmental Survey-Part I will be used to determine the extent and nature of chemical storage and use at your facility, and will assist us in determining whether or not you are a candidate to receive a Part II (Long Form) of the Environmental Survey, which requests more detailed information concerning uses, throughputs, emissions, discharges and disposal practices.

PARTICIPATION IN THE ENVIRONMENTAL SURVEY IS MANDATORY. YOU ARE REQUIRED TO COMPLETE AND RETURN THE ORIGINAL ENVIRONMENTAL SURVEY-PART I (SHORT FORM) TO N.J. DEP AND A COPY TO YOUR DESIGNATED COUNTY AGENCY, WITHIN 90 DAYS.

Before beginning to complete the survey form, make several extra working copies of both sides of the form, read these instructions thoroughly, and review the attached Environmental Hazardous Substance List. This list is arranged in four different tables to assist you in accurately completing this survey.

**SPECIFIC INSTRUCTIONS**

Please print or type responses on the Environmental Survey - Part I form.

**SECTION A - FACILITY LOCATION**

Review the information on the preprinted mailing label located at the top left corner of the survey form. The address should indicate the actual physical location of the facility and not merely a corporate mailing address or post office box. Include a map or site sketch, if necessary, to adequately describe the facility location. If there is more than one facility in New

Jersey associated with your company, complete a survey form for each facility. A "facility location" means the "building, equipment, and contiguous area at a single location used for the conduct of business."

Enter the correct information on the appropriate numbered line in Section A. (See attached sample form).

#### SECTION B - ENVIRONMENTAL HAZARDOUS SUBSTANCE INVENTORY

To complete this section, determine whether or not your facility uses, stores, or produces substances listed on the Environmental Hazardous Substance List.

You should first compile an inventory of materials that were used, manufactured, stored, warehoused, packaged, repackaged, released from or disposed of at your facility during 1984. Compare your inventory of substances to the Environmental Hazardous Substance List (EHS�).

You must know the components of raw materials, mixtures or trade name substances in order to determine whether substances are on the EHS�. Make every effort to determine this information by contacting the manufacturer or supplier of the substance or referring to Materials Safety Data Sheets. If you cannot obtain this information, please contact the N.J. DEP for guidance.

In order to help you complete the Environmental Survey, the EHS� has been arranged in four tables. Table 1 classifies substances by chemical group. Table 2 alphabetically lists the substances on the EHS�. Table 3 alphabetically lists common synonyms for the substances. Although many substances are referred to by these synonyms, you are required to fill out the Environmental Survey using the standard chemical name. In order to find the standard chemical name for a substance, locate the synonym on Table 3 and note its Chemical Abstracts Service (CAS) number. Then refer to Table 4, which lists CAS numbers in numerical order with the corresponding standard chemical name.

If your inventory DOES NOT CONTAIN any substances that are listed on the attached EHS�, then check the box marked "NO" and proceed directly to Section C (Certification Statement). Complete this section, sign and return the original survey form to N.J. DEP and copy to your County Agency as indicated in Section D.

If your inventory DOES CONTAIN substances that are listed in the EHS�, then check the box marked "YES" and also complete Items 1 through 7 for each substance.

#### Note on Small Quantity Consumer Products, Materials and Supplies

In reviewing your inventory, it is not necessary to include those materials you purchase "in the same form and concentration as a product packaged for commercial distribution and use by the general public...". For example, it is not necessary to include materials purchased in normal retail quantities, packaged in

consumer packaging, and used for the normal operation and maintenance of the offices, buildings, and grounds at your facility (e.g. touch-up paints, fire extinguishers, cleaners, and office and janitorial supplies). Materials received in bulk, rather than retail, packaging (e.g. certain dyes, solvents or pesticides) should be listed.

IF YOU CHECKED "YES" IN SECTION "B" YOU MUST COMPLETE THE REPORTING REQUIREMENTS BELOW:

Refer to the attached Environmental Hazardous Substance List (EHS�) when completing Items 1, 2 and 3:

①

Item 1 GROUP NUMBER

Indicate the appropriate group number for each substance you are listing in Item 2. The group number is always a 2-digit number and can be found on the attached EHS� Table 1. The group number classifies the substances by chemical group. Consecutively list all chemicals having the same group number.

②

Item 2 ENVIRONMENTAL HAZARDOUS SUBSTANCE NAME

List all the substances inventoried at your facility that are on the EHS�. You must use the standard chemical name for the Environmental Survey, other common names are not acceptable.

Please note that if substances are stored in various containers or mixtures, you must list the substance more than once. (See Item 4)

If you need additional space to continue your list, check the box on line 15 and continue on the reverse side of the form.

③

Item 3 CHEMICAL ABSTRACTS SERVICE (CAS) NUMBER

Each substance has a unique Chemical Abstracts Service (CAS) number. Record the CAS number for each environmental hazardous substance listed. CAS numbers can be found on each of the four tables of the EHS�.

COMPLETE ITEMS 4, 5, 6 and 7 USING THE CODES PROVIDED BELOW:

④

Item 4 CONTAINER TYPE  
(Method of Storage and Types of Containers Used)

Using the codes listed below, enter the correct codes for the major or most predominant types of containers used to store each hazardous substance. If a given hazardous substance is stored in more than one type of container, then enter the substance name in Item 2 as many times as there are container types used for a maximum of 3 entries for each substance. Also complete

Items 5, 6, and 7 for each container type entered in Item 4. (See the sample form attached).

Container Codes (Enter in Item 4)

|    |                      |    |                           |
|----|----------------------|----|---------------------------|
| 50 | above ground tank    | 42 | bag                       |
| 49 | below ground tank    | 41 | box                       |
| 48 | tank inside building | 40 | cylinder                  |
| 47 | steel drum           | 39 | bottles or jugs (glass)   |
| 46 | can                  | 38 | bottles or jugs (plastic) |
| 45 | carboy               | 37 | tote bin                  |
| 44 | silo                 | 36 | tank wagon                |
| 43 | fiber drums          | 35 | railcar                   |
|    |                      | 34 | other (note)              |

⑤ Item 5 MIXTURE

Enter the correct code that best describes the amount of the hazardous substance present in a mixture.

Mixture Codes (Enter in Item 5)

- 30 Pure state (98% or above)
- 29 50% or greater
- 28 Unknown
- 27 Less than 50% but greater than 1%
- 26 Present, but only 1% or less of the mixture

⑥ Item 6 INVENTORY RANGE  
(Maximum Inventory Quantity during 1984)

Enter the correct code for the range that represents most accurately the maximum quantity of substances that was stored at the facility at any one time since January 1, 1984. This quantity should be reported in the appropriate units of measure as indicated in Item 7.

If an Environmental Hazardous Substance is contained in a mixture, then report only the quantity of the substance present rather than the quantity of the entire mixture. (See example below and sample form.) Note that the procedure for reporting mixtures for the Environmental Survey is different than the procedures used for the Emergency Services Information Survey.

Example: If you have an inventory of 10,000 gallons of mixture A which contains 10% toluene, multiply 10,000 gallons by 10% to arrive at 1,000 gallons for the amount of toluene. You would enter "12" in Item 6 and "G" in Item 7.

Inventory Range (Enter in Item 6)

|    |                         |    |                   |
|----|-------------------------|----|-------------------|
| 20 | greater than 10 million | 15 | 50,001 to 100,000 |
| 19 | 1 million to 10 million | 14 | 10,001 to 50,000  |
| 18 | 500,001 to 1 million    | 13 | 1,001 to 10,000   |
| 17 | 250,001 to 500,000      | 12 | 101 to 1,000      |
| 16 | 100,001 to 250,000      | 11 | 10 to 100         |
|    |                         | 10 | less than 10      |

7 Item 7 UNIT OF MEASURE

Enter the correct code for the appropriate unit of measure used in reporting the maximum inventory quantity in Item 6.

Unit of Measure (Enter in Item 7)

C = Cubic feet for gases  
P = Pounds for solids  
G = Gallons for liquids

SECTION C - CERTIFICATION OF COMPANY OFFICIAL

Print the name, title, and phone number of the company official with responsibility for facility management and who is authorized to certify, on behalf of the company, that all statements are true, complete and correct. This certification section must be signed and dated by the authorized official.

SECTION D - FILING THIS REPORT

Make at least two (2) copies of the completed Environmental Survey form, including the reverse side and attachments. You must return the originals of both the Environmental Survey and the Emergency Services Information Survey together in the same envelope to the address below. You must also attach documentation for exemptions or trade secret claims to the appropriate forms.

|  |
|--|
| N.J. DEP Survey<br>CN 405<br>Trenton, New Jersey 08625 |
|--|

In addition, you must send a copy of the Environmental Survey to your county health department or designated county lead agency where no county health department exists. (See attached list.) Do not send the Emergency Services Information Survey to the designated county agency. Keep a copy of both the Environmental Survey-Part I and the ESI Survey for your records.

Note that the Environmental Survey must be made available to your employees upon request.



# NOTES ON EXEMPTIONS, TRADE SECRETS, UPDATES AND REVISIONS, AND EXTENSIONS

## ° Research and Development Claim Box

Under the Right to Know Act, research and development laboratories (R&D) are exempt from reporting requirements. Contact the N.J. DEP for "R&D Instructions." Check this box on the right side of the form if you are claiming an exemption for all or part of your facility as a research and development laboratory and attach a letter\* demonstrating that your facility meets the following definition of an R&D lab contained in the Worker and Community Right to Know Act: "a specially designated area used primarily for research, development, and testing activity, and not primarily involved in the production of goods for commercial sale, in which hazardous materials or environmental hazardous substances are used by or under the direct supervision of a technically qualified person."

An R&D facility must "establish a communications program with the local fire department which shall be designed to assist the fire department in adequately preparing for emergencies at the research and development laboratory."

Documentation verifying the development of the communications program plus the letter demonstrating that your facility meets the definition of an R&D lab must be attached to the Environmental Survey and returned within 90 days of your receipt of the survey.

## ° Trade Secret Claims

If any information requested by this Environmental Survey will reveal a trade secret, contact the N.J. DEP for "Trade Secret Claim Instructions". All trade secret claims will require full documentation. All Trade Secret Documentation must be attached to the Environmental Survey and returned within 90 days of your receipt of the survey.

## ° Update and Revision

You are required to update this survey every other year. However, "if there is any significant change during a nonreporting year...the employer shall inform the department of the change". Contact the N.J. DEP for "Update and Revision Instructions".

## ° Time Extensions

You may contact N.J. DEP's Right-to-Know Survey staff to request a 30 day time extensions for just cause.

\*and other necessary documentation.

UL

**The New York Times**

229 WEST 43 STREET  
NEW YORK, N.Y. 10036

May 8, 1991

Community Right to Know  
CN 405  
Trenton, NJ 08625-0405

Phad AS (approximate)  
Environmental Problems  
Gen

Carlstadt Police Department  
Borough Hall  
500 Madison Street  
Carlstadt, NJ 07072

LP 100 100 100  
A SURVEY

Carlstadt Fire Department  
Borough Hill  
500 Madison Street  
Carlstadt, NJ 07072

Carlstadt Boro OEM  
Mrs. Trudy Hackenberg  
442 Garden Street  
First Floor  
Carlstadt, NJ 07072

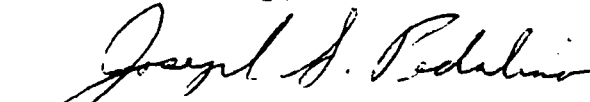
RTK Coordinator  
Bergen County Department of Health Services  
327 East Ridgewood Avenue  
Paramus, NJ 07652

Dear Sirs:

As required under Title III of the SuperFund Amendments and Reauthorization Act, Section 312 and New Jersey Community Right to Know, enclosed is the survey form for The New York Times, Carlstadt, New Jersey facility located at 600 Washington Avenue, Carlstadt, New Jersey, 07072.

Thank you for your assistance in this matter.

Sincerely,

  
Joseph S. Pedalino  
Safety Manager

bc: Richard Niemiec  
Ken Richieri ✓  
Pat Rigney

Electronic Submission of CRTK Data

As part of an effort to simplify submissions and decrease the amount of time it takes to complete a Community Right to Know Survey, The Department of Environmental Protection (DEP) is conducting a survey to determine your interest in submitting survey data electronically for next year.

Please review the following choices and check one response.

I prefer to return the Community Right to Know Survey:

- ☒ 1. As done presently, on the paper survey form.
- ☐ 2. On a floppy disk (5 1/4" or 3 1/2" - IBM compatible) using a data input program supplied by DEP.
- ☐ 3. On a floppy disk (5 1/4" or 3 1/2" - IBM compatible) in an ASCII file using file specifications supplied by DEP.
- ☐ 4. Via a telecommunication line using a modem, according to file specifications provided by DEP.

No other forms of transmission of data can be considered at this time.

Your cooperation in completing this survey will help us to better serve your needs now and in the future. Thank you for your assistance.

Please return this with your completed Community Right to Know Survey.

Facility Name: The New York Times Carlstadt Facility

NJEIN: 00815-001-000  
(11 - digit number on mailing label)

# COMMUNITY RIGHT TO KNOW SURVEY FOR 1990

to satisfy requirements under SARA, Title III, Section 312  
and New Jersey Community Right to Know



NJEN

SIC

COUNTY/MUNIC.

DUE DATE

|   |  |  |  |
|---|--|--|--|
| <p style="text-align: center;">0861000.000--2711--0205--000.0000</p> <p style="text-align: center;">THE NEW YORK TIMES TO</p> <p style="text-align: center;">ATTN: JOE PEDALINO HUMAN RESOURCES DEPT</p> <p style="text-align: center;">CAREER CENTER</p> <p style="text-align: center;">NEW YORK, NY 10036</p> <p style="text-align: center;">PEEL HERE</p> <p>Indicate changes to mailing address on label</p>  | <p><b>(A) FACILITY LOCATION</b><br/>If the facility location or name is different than the mailing address on the label, enter location address or name below.<br/><u>The New York Times, Carlstadt Facility</u><br/><u>600 Washington Avenue</u><br/><u>Carlstadt, New Jersey 07072</u></p> <p>Check here if you would like your survey mailed to above address <input type="checkbox"/></p> <p><b>IMPORTANT: A separate survey must be completed for each facility.</b></p>  |  |  |
| <p><b>(B)</b> Does this facility <u>use</u>, <u>store</u> or <u>produce</u> any compressed gases, or any flammable, combustible, reactive, corrosive or toxic substances?</p> <p>(See Reportable Substances and Thresholds) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>   | <p><b>(D)</b> Number of employees at facility: <u>1,200</u></p> <p><b>(E)</b> Number of facilities in New Jersey: <u>2</u></p> <p><b>(F)</b> Dun and Bradstreet No. <u>010 131 5613</u></p> <p><b>(G)</b> Check the box if you were granted a R&amp;D exemption last year or if you have attached an R&amp;D questionnaire. <input type="checkbox"/></p>   |  |  |
| <p><b>(C)</b> Briefly describe the nature of the operations or business conducted by your company at this facility: <u>Newspaper Publishing</u></p>   | <p><b>(H) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE</b> — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p> <p>Signature <u>Joseph S. Pedalino</u> Date <u>May 8, 1991</u> Phone Number ( <u>212</u> ) <u>556-1960</u></p> <p>Name (Print) <u>Joseph S. Pedalino</u> Title <u>Safety Manager</u></p> |  |  |
| <p><b>(I) POLICE AND FIRE DEPARTMENT</b> — Enter the respective phone numbers, names and addresses (including Zip Code) of your local police and fire departments in the spaces below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p><b>POLICE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Police Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p> </td> <td style="width: 50%; padding: 5px;"> <p><b>FIRE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Fire Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p> </td> </tr> </table> |  | <p><b>POLICE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Police Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p> | <p><b>FIRE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Fire Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p> |
| <p><b>POLICE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Police Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p>  | <p><b>FIRE DEPT.</b> Phone Number ( <u>201</u> ) <u>438-4300</u></p> <p>Name <u>Carlstadt Fire Department</u></p> <p>Address <u>Borough Hall, 500 Madison Street</u></p> <p>Municipality <u>Carlstadt, NJ</u> Zip <u>07072</u></p>   |  |  |
| <p><b>(J) FACILITY EMERGENCY CONTACT</b></p> <p>Name <u>Mr. Patrick Rigney</u> Title <u>Plant Manager</u></p> <p>Facility Phone Number ( <u>201</u> ) <u>896-4220</u> Emergency Contact Phone Number ( <u>201</u> ) <u>896-4200</u></p>   |  |  |  |
| <p><b>NOTE: Make copies of this survey! The law requires that you send a copy to your COUNTY LEAD AGENCY, LOCAL EMERGENCY PLANNING COMMITTEE AND YOUR LOCAL POLICE AND FIRE DEPARTMENTS.</b><br/>(County agency and local committee addresses in Instructions)</p>  |  |  |  |
| <p>Return original to:<br/><b>COMMUNITY RIGHT TO KNOW</b><br/><b>CN405</b><br/><b>Trenton, NJ 08625-0405</b></p>  |  |  |  |

FOR INTERNAL USE ONLY

STAT ☐

E ☐

F ☐

**IMPORTANT!** Read all instructions before completing. Photocopy this sheet, if you need additional forms. Please print or type all responses. Complete sections A-F before making photocopies of this page

Page 1 of 7

Reporting Period: January 1 - December 31, 1990

**FACILITY IDENTIFICATION AND SITE LOCATION**

A. NJEIN 00815001000

C. Location Address 600 Washington Avenue

B. Facility Name The New York Times

D. City Carlstadt

E. State NJ

F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS   | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS  |
|---|---|---|--|
| Substance <u>Ink Printers</u><br>CAS No. <u>N/A</u> DOT No. <u>1210</u><br>Substance No. (if available) <u>2483</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)                                | (Codes for all that apply.)<br><u>67</u> , _____ , _____<br>_____ , _____ | (Enter Code)<br>Max. Daily <u>15</u><br>Avg. Daily <u>14</u><br>Days Onsite <u>365</u><br>(Actual Number) | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>48</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Pressroom</u> |
| Substance <u>Ink Printers</u><br>CAS No. <u>N/A</u> DOT No. <u>1210</u><br>Substance No. (if available) <u>2483</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)                                | <u>67</u> , _____ , _____<br>_____ , _____                                | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>   |
| Substance <u>Petroleum Oil</u><br>CAS No. <u>N/A</u> DOT No. <u>1270</u><br>Substance No. (if available) <u>2651</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)                               | <u>67</u> , <u>70</u> , _____ , _____<br>_____ , _____                    | Max. Daily <u>13</u><br>Avg. Daily <u>13</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>47</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Machine Shop and</u><br><u>Engineers Shop.</u>                        |
| Substance <u>Petroleum Oil</u><br>CAS No. <u>N/A</u> DOT No. <u>1270</u><br>Substance No. (if available) <u>2651</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)                               | <u>67</u> , <u>70</u> , _____ , _____<br>_____ , _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Machine Shop and</u><br><u>Engineers Shop.</u>                        |
| Substance <u>Petroleum Oil</u><br>CAS No. <u>N/A</u> DOT No. <u>1270</u><br>Substance No. (if available) <u>2651</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)                               | <u>67</u> , <u>70</u> , _____ , _____<br>_____ , _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>32</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Machine Shop and</u><br><u>Engineers Shop.</u>                        |
| Substance <u>Chlorodifluoromethane</u><br>CAS No. <u>75</u> - <u>45</u> - <u>6</u> DOT No. <u>1018</u><br>Substance No. (if available) <u>0386</u><br>Percent <u>60</u> State <u>G</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming) | <u>69</u> , _____ , _____ , _____<br>_____ , _____                        | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>40</u> Conditions <u>02</u> , <u>04</u><br>Location(s) <u>Engineers Shop</u>  |
| Substance <u>Oxygen</u><br>CAS No. <u>7782</u> - <u>44</u> - <u>7</u> DOT No. <u>1072</u><br>Substance No. (if available) <u>1448</u><br>Percent <u>60</u> State <u>G</u> Trade Secret <input type="checkbox"/><br>(Code)        (Code)        (Check if claiming)              | <u>69</u> , <u>70</u> , _____ , _____<br>_____ , _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>40</u> Conditions <u>02</u> , <u>04</u><br>Location(s) <u>Medical Department</u>  |

See Instructions for codes.



**IMPORTANT! Read all instructions before completing. Photocopy this sheet, if you need additional forms. Please print or type all responses. Complete sections A-F before making photocopies of this page**

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Reporting Period: January 1 - December 31, 1990

**FACILITY IDENTIFICATION AND SITE LOCATION**

A. NJEIN 00815001000

C. Location Address 600 Washington Avenue

B. Facility Name The New York Times

D. City Carlstadt

E. State NJ

F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS   | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS   |
|---|---|---|---|
| Substance <u>Hydrogen Chloride</u><br>CAS No. <u>7647-01-0</u> DOT No. <u>1050</u><br>Substance No. (if available) <u>1012</u><br>Percent <u>53</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming) | (Codes for all that apply.)<br><u>67</u> , _____, _____<br>_____, _____ | (Enter Code)<br>Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number) | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>38</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u> |
| Substance <u>2-Butoxyethanol</u><br>CAS No. <u>111-76-2</u> DOT No. <u>2369</u><br>Substance No. (if available) <u>0275</u><br>Percent <u>61</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)    | <u>66</u> , <u>67</u> , _____, _____<br>_____, _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>32</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>2-Butoxyethanol</u><br>CAS No. <u>111-76-2</u> DOT No. <u>2369</u><br>Substance No. (if available) <u>0275</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)    | <u>66</u> , <u>67</u> , _____, _____<br>_____, _____                    | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Isopropyl Alcohol</u><br>CAS No. <u>67-63-0</u> DOT No. <u>1219</u><br>Substance No. (if available) <u>1076</u><br>Percent <u>61</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)   | <u>67</u> , <u>70</u> , _____, _____<br>_____, _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>32</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Isopropyl Alcohol</u><br>CAS No. <u>67-63-0</u> DOT No. <u>1219</u><br>Substance No. (if available) <u>1076</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)   | <u>67</u> , <u>70</u> , _____, _____<br>_____, _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>47</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Isopropyl Alcohol</u><br>CAS No. <u>67-63-0</u> DOT No. <u>1219</u><br>Substance No. (if available) <u>1076</u><br>Percent <u>51</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)   | <u>67</u> , <u>70</u> , _____, _____<br>_____, _____                    | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Isopropyl Alcohol</u><br>CAS No. <u>67-63-0</u> DOT No. <u>1219</u><br>Substance No. (if available) <u>1076</u><br>Percent <u>59</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)   | <u>67</u> , <u>70</u> , _____, _____<br>_____, _____                    | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>47</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>In=House Printing</u>  |

See Instructions for codes.

**IMPORTANT!** Read all instructions before completing. Photocopy this sheet, if you need additional forms. Please print or type all responses. Complete sections A-F before making photocopies of this page

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Reporting Period: January 1 - December 31, 1990

**FACILITY IDENTIFICATION AND SITE LOCATION**

A. NJEIN 00815001000

C. Location Address 600 Washington Avenue

B. Facility Name The New York Times

D. City Carlstadt E. State NJ F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS  | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS   |
|---|--|---|---|
| Substance <u>Ethyl Alcohol</u><br>CAS No. <u>64</u> - <u>17</u> - <u>5</u> DOT No. <u>1170</u><br>Substance No. (if available) <u>0844</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming) | (Codes for all that apply.)<br><u>67</u> , <u>70</u> , _____<br>_____, _____ | (Enter Code)<br>Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number) | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>46</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u> |
| Substance <u>Ethyl Alcohol</u><br>CAS No. <u>64</u> - <u>17</u> - <u>5</u> DOT No. <u>1170</u><br>Substance No. (if available) <u>0844</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming) | <u>67</u> , <u>70</u> , _____<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Xylenol</u><br>CAS No. <u>1300</u> - <u>71</u> - <u>6</u> DOT No. <u>2261</u><br>Substance No. (if available) <u>2015</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)     | <u>67</u> , _____, _____<br>_____, _____                                     | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>O-phenylphenol</u><br>CAS No. <u>90</u> - <u>43</u> - <u>7</u> DOT No. <u>N/A</u><br>Substance No. (if available) <u>1439</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming) | <u>66</u> , <u>67</u> , _____<br>_____, _____                                | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Petroleum Spirits</u><br>CAS No. <u>N/A</u> - _____ - _____ DOT No. <u>N/A</u><br>Substance No. (if available) <u>0206</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)    | <u>67</u> , _____, _____<br>_____, _____                                     | Max. Daily <u>12</u><br>Avg. Daily <u>12</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>47</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>In-house Printing</u>  |
| Substance <u>Petroleum Spirits</u><br>CAS No. <u>N/A</u> - _____ - _____ DOT No. <u>N/A</u><br>Substance No. (if available) <u>0206</u><br>Percent <u>54</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)    | <u>67</u> , _____, _____<br>_____, _____                                     | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>In-House Printing</u>  |
| Substance <u>Petroleum Spirits</u><br>CAS No. <u>N/A</u> - _____ - _____ DOT No. <u>N/A</u><br>Substance No. (if available) <u>0206</u><br>Percent <u>53</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code)                  (Code)                  (Check if claiming)    | <u>67</u> , _____, _____<br>_____, _____                                     | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>39</u> Conditions <u>01</u> <u>04</u><br>Location(s) <u>In-House Printing</u>  |

See Instructions for codes.



Reporting Period: January 1 - December 31, 1990

A. NJEIN 0 0 8 1 5 0 0 1 0 0 0

B. Facility Name The New York Times

C. Location Address 600 Washington Avenue

D. City Carlstadt

E. State NJ F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS   | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS  |
|---|---|---|--|
| Substance <u>Aluminum Sulfite</u><br>CAS No. <u>10196-04-0</u> DOT No. <u>9090</u><br>Substance No. (if available) <u>0116</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)     | (Codes for all that apply.)<br><u>67</u> , _____,<br>_____, _____ | (Enter Code)<br>Max. Daily <u>12</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number) | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>38</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u> |
| Substance <u>Dichlorodifluoromethane</u><br>CAS No. <u>75-71-8</u> DOT No. <u>1028</u><br>Substance No. (if available) <u>0649</u><br>Percent <u>60</u> State <u>G</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming) | <u>69</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>40</u> Conditions <u>02</u> , <u>04</u><br>Location(s) <u>Engineers Shop</u>  |
| Substance <u>Sulfuric Acid</u><br>CAS No. <u>7664-93-9</u> DOT No. <u>1830</u><br>Substance No. (if available) <u>1761</u><br>Percent <u>59</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)         | <u>67</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Plateroom</u>   |
| Substance <u>Carbon Dioxide</u><br>CAS No. <u>124-38-9</u> DOT No. <u>1013</u><br>Substance No. (if available) <u>0343</u><br>Percent <u>52</u> State <u>G</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)         | <u>69</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>02</u> , <u>04</u><br>Location(s) <u>Electrical Shop</u>   |
| Substance <u>Carbon Dioxide</u><br>CAS No. <u>124-38-9</u> DOT No. <u>1013</u><br>Substance No. (if available) <u>0343</u><br>Percent <u>52</u> State <u>G</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)         | <u>69</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>   |
| Substance <u>Ammonium Hydroxide</u><br>CAS No. <u>1336-21-6</u> DOT No. <u>2672</u><br>Substance No. (if available) <u>0103</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)    | <u>67</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u>  |
| Substance <u>Camphor Oil</u><br>CAS No. <u>8008-51-3</u> DOT No. <u>1130</u><br>Substance No. (if available) <u>0335</u><br>Percent <u>51</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)           | <u>67</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u>  |

**See instructions for codes.**

**IMPORTANT!** Read all instructions before completing. Photocopy this sheet, if you need additional forms. Please print or type all responses. Complete sections A-F before making photocopies of this page

Reporting Period: January 1 - December 31, 1990**FACILITY IDENTIFICATION AND SITE LOCATION**A. NJEIN 00815001000C. Location Address 600 Washington AvenueB. Facility Name The New York TimesD. City CarlstadtE. State NI F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS  | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS   |
|---|--|---|---|
| Substance <u>Pesticides, N.O.S.</u><br>CAS No. <u>N/A</u> DOT No. <u>2903</u><br>Substance No. (if available) <u>2642</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)        | (Codes for all that apply.)<br><u>67</u> , <u>70</u> , _____ | (Enter Code)<br>Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number) | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u> |
| Substance <u>Sodium Hypochlorite</u><br>CAS No. <u>7681-52-9</u> DOT No. <u>1791</u><br>Substance No. (if available) <u>1707</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming) | <u>67</u> , _____  | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>38</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Sodium Nitrite</u><br>CAS No. <u>7632-00-0</u> DOT No. <u>1500</u><br>Substance No. (if available) <u>2258</u><br>Percent <u>51</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)      | <u>67</u> , _____  | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Ammonia</u><br>CAS No. <u>7664-41-7</u> DOT No. <u>1005</u><br>Substance No. (if available) <u>0084</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)             | <u>66</u> , <u>67</u> , _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Building Services Shop</u>   |
| Substance <u>Methylene Chloride</u><br>CAS No. <u>75-09-2</u> DOT No. <u>1593</u><br>Substance No. (if available) <u>1255</u><br>Percent <u>54</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)    | <u>66</u> , <u>67</u> , _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>  |
| Substance <u>Methylene Chloride</u><br>CAS No. <u>75-09-2</u> DOT No. <u>1593</u><br>Substance No. (if available) <u>1255</u><br>Percent <u>60</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)    | <u>66</u> , <u>67</u> , _____                                | Max. Daily <u>10</u><br>Avg. Daily <u>10</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>  |
| Substance <u>Methyl Chloroform</u><br>CAS No. <u>71-55-6</u> DOT No. <u>2831</u><br>Substance No. (if available) <u>1237</u><br>Percent <u>54</u> State <u>L</u> Trade Secret <input type="checkbox"/><br>(Code) (Code) (Check if claiming)     | <u>66</u> , <u>67</u> , _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>11</u><br>Days Onsite <u>365</u><br>(Actual Number)                 | Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>  |

See Instructions for codes.

Page 7 of 7

Reporting Period: January 1 - December 31, 1990

A. NJEIN 0 0 8 1 5 0 0 1 0 0 0

C. Location Address 600 Washington Avenue

B. Facility Name The New York Times

D. City Carlstadt E. State NJ F. Zip 07072

| CHEMICAL DESCRIPTION  | HAZARDS   | Inventory (Ranges)   | STORAGE CODES AND LOCATIONS  |
|---|---|--|--|
| Substance <u>Tetrachloroethylene</u><br>CAS No. <u>127-18-4</u> DOT No. <u>1897</u><br>Substance No. (if available) <u>1810</u><br>Percent <u>54</u> State <u>L</u> Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small> | (Codes for all that apply.)<br><u>66</u> , <u>67</u> , _____,<br>_____, _____ | (Enter Code)<br>Max. Daily <u>11</u><br>Avg. Daily <u>10</u><br>Days Onsite <u>365</u><br><small>(Actual Number)</small> | (Enter Codes, except Location(s); supply narrative.)<br>Container <u>46</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u> |
| Substance <u>2-Butoxyethanol</u><br>CAS No. <u>111-76-2</u> DOT No. <u>2369</u><br>Substance No. (if available) <u>0275</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>     | <u>66</u> , <u>67</u> , _____,<br>_____, _____                                | Max. Daily <u>11</u><br>Avg. Daily <u>10</u><br>Days Onsite <u>365</u><br><small>(Actual Number)</small>                 | Container <u>47</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>Pressroom</u>   |
| Substance <u>Stoddard Solvent</u><br>CAS No. <u>8052-41-3</u> DOT No. <u>1993</u><br>Substance No. (if available) <u>1736</u><br>Percent <u>52</u> State <u>L</u> Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>   | <u>67</u> , _____, _____,<br>_____, _____                                     | Max. Daily <u>10</u><br>Avg. Daily <u>10</u><br>Days Onsite <u>365</u><br><small>(Actual Number)</small>                 | Container <u>39</u> Conditions <u>01</u> , <u>04</u><br>Location(s) <u>In-House Printing</u>   |
| Substance _____<br>CAS No. _____ - _____ - _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>                                   | _____, _____, _____,<br>_____, _____  | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><small>(Actual Number)</small>                              | Container _____ Conditions _____, _____<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ - _____ - _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>                                   | _____, _____, _____,<br>_____, _____  | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><small>(Actual Number)</small>                              | Container _____ Conditions _____, _____<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ - _____ - _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>                                   | _____, _____, _____,<br>_____, _____  | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><small>(Actual Number)</small>                              | Container _____ Conditions _____, _____<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ - _____ - _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>                                   | _____, _____, _____,<br>_____, _____  | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><small>(Actual Number)</small>                              | Container _____ Conditions _____, _____<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ - _____ - _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><small>(Code) (Code) (Check if claiming)</small>                                   | _____, _____, _____,<br>_____, _____  | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><small>(Actual Number)</small>                              | Container _____ Conditions _____, _____<br>Location(s) _____   |

**See instructions for codes.**

**The New York Times**

229 WEST 43 STREET  
NEW YORK, N.Y. 10036

JOSEPH S. PEDALINO  
Director  
Environmental Health and Safety

January 7, 1994

New Jersey DEPE  
Community Right-To-Know  
CN 405  
Trenton, NJ 08625-0405

Carlstadt Police Department  
Borough Hall  
500 Madison Street  
Carlstadt, NJ 07072

Carlstadt Fire Department  
Borough Hall  
500 Madison Street  
Carlstadt, NJ 07072

Bergen County Department of Health Services  
Community Right-To-Know Coordinator  
327 East Ridgewood Avenue  
Paramus, NJ 07652

Carlstadt Borough OEM  
Mrs. Trudy Hackenberg  
442 Garden Street  
First Floor  
Carlstadt, NJ 07072

As required under Title III of the Super Fund Amendments and Reauthorization Act, Section 312 and the New Jersey Worker and Community Right-To-Know law, attached is the survey form for The New York Times facility located at 600 Washington Avenue, Carlstadt, New Jersey 07072.

Page Two  
January 7, 1994

Please note that this facility was closed in the latter part of 1992 and has been assigned ISRA case number 93263.

Thank you for your assistance in this matter.

Sincerely,

  
Joseph S. Pedalino

bcc: Marty Donner  
Glenn Hughes  
Marc Kraft  
Tom Lombardo  
Pat Rigney

# COMMUNITY RIGHT TO KNOW SURVEY FOR 1993

For State and Federal Community Right to Know Reporting

**Please type this form.**

**THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.**

0 0 8 1 5 0 0 1 0 0 0 : 2 7 1 1

ATTN: JOE PEDALINO HUMAN RESOURCES DEPT.  
THE NEW YORK TIMES CO.  
229 WEST 43RD STREET  
NEW YORK NY 10036

**(A)**

0 0 8 1 5 0 0 1 0 0 0 : 0 2 0 5

THE NEW YORK TIMES CO.  
600 WASHINGTON AVENUE, CARLSTADT, 07072

Indicate changes to mailing address on the above label.

Indicate changes to facility location on the above label.

|  |  |  |
|--|--|--|
| <b>(B)</b> Does this facility <u>use, store or produce</u> any compressed gases, or any flammable, combustible, reactive, corrosive or toxic substances?<br><br>(See Reportable Substances and Thresholds) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>(D)</b> Number of employees at facility<br>1  |
| <b>(C)</b> Briefly describe the nature of the operations or business conducted by your company at this facility:<br><br>The New York Times Carlstadt, New Jersey facility was closed in the latter part of 1992.   |  | <b>(E)</b> Number of facilities in New Jersey<br>2   |
|  |  | <b>(F)</b> Dun and Bradstreet No.<br>00-131-5613   |
| <b>(H)</b> Police Dept. Name: Carlstadt Police Dept.<br>Municipality Carlstadt, NJ Phone (201) 438-4300  |  | <b>(G)</b> If you are claiming an R&D lab exemption for this facility, enter your approval number here.<br><br>_____ |
| <b>(I)</b> FACILITY EMERGENCY CONTACT<br>Name Mr. Patrick Rigney Title Plant Manager<br>Facility Phone Number ( 201 ) 896-4220 Emergency Contact Phone Number ( 201 ) 896-4200   |  | <b>(J)</b> Fire Dept. Name: Carlstadt Fire Dept.<br>Municipality Carlstadt, NJ Phone (201) 438-4300                  |

☒ X

**NOTE:** Check box only if the information on this page (Part 1) has changed since your last submittal.

|  |   |                             |
|--|---|-----------------------------|
| <b>(J)</b> CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |   |                             |
| Signature _____  | Date <u>1/7/94</u>  | Fax # <u>(212) 556-5901</u> |
| Name <u>Joseph S. Pedalino</u>   | Phone # <u>(212) 556-1960</u>   |                             |
| Title <u>Director Environmental Health &amp; Safety</u>  |   |                             |
| RETURN <u>SIGNED</u> ORIGINAL TO:<br>NJDEPE<br>Community Right To Know Survey<br>CN 405<br>Trenton, NJ 08625-0405  | <b>* You are required to send copies of this survey to the agencies listed on Page 17 of the Instruction guide.<br/>You must also keep a copy at your facility.</b> |                             |

## Page 1 of 1

This facility was closed in 1992.

**IMPORTANT!** Read instructions. Photocopy this page if you need additional forms.  
Please type all responses.

**Reporting Period: January 1 - December 31, 1993**

| CHEMICAL DESCRIPTION  | HAZARDS   | Inventory (Ranges)  | STORAGE CODES AND LOCATIONS  |
|---|---|---|--|
| Substance _____<br>CAS No. _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><i>(Code) (Code) (Check if claiming)</i> | (Codes for all that apply.)<br>_____, _____, _____,<br>_____, _____ | (Enter Code)<br>Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><i>(Actual Number)</i> | (Enter Codes, except Location(s); supply narrative.)<br>Container _____ Conditions _____,<br>Location(s) _____ |
| Substance _____<br>CAS No. _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><i>(Code) (Code) (Check if claiming)</i> | _____, _____, _____,<br>_____, _____                                | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><i>(Actual Number)</i>                 | Container _____ Conditions _____,<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><i>(Code) (Code) (Check if claiming)</i> | _____, _____, _____,<br>_____, _____                                | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><i>(Actual Number)</i>                 | Container _____ Conditions _____,<br>Location(s) _____   |
| Substance _____<br>CAS No. _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><i>(Code) (Code) (Check if claiming)</i> | _____, _____, _____,<br>_____, _____                                | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><i>(Actual Number)</i>                 | Container _____ Conditions _____,<br>Location(s) _____   |
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| Substance _____<br>CAS No. _____ DOT No. _____<br>Substance No. (if available) _____<br>Percent _____ State _____ Trade Secret <input type="checkbox"/><br><i>(Code) (Code) (Check if claiming)</i> | _____, _____, _____,<br>_____, _____                                | Max. Daily _____<br>Avg. Daily _____<br>Days Onsite _____<br><i>(Actual Number)</i>                 | Container _____ Conditions _____,<br>Location(s) _____   |

| PERCENTAGE CODES |          | PHYSICAL STATE CODES |        | INVENTORY RANGE CODES (in lbs.) |                              | CONTAINER CODES |                           | STORAGE CONDITION CODES |                           |
|------------------|----------|----------------------|--------|---------------------------------|------------------------------|-----------------|---------------------------|-------------------------|---------------------------|
| 61               | Unknown  | S                    | Solid  | 20                              | Greater than 10 million lbs. | 50              | Above ground tank         | 40                      | Cylinder                  |
| 60               | 100%     | L                    | Liquid | 19                              | 1,000,001 - 10 million       | 49              | Below ground tank (steel) | 39                      | Bottles or jugs (glass)   |
| 59               | 90 - 99% | G                    | Gas    | 18                              | 500,001 - 1 million          | 48              | Tank inside building      | 38                      | Bottles or jugs (plastic) |
| 58               | 80 - 89% |                      |        | 17                              | 250,001 - 500,000            | 47              | Steel drum                | 37                      | Tote bin                  |
| 57               | 70 - 79% |                      |        | 16                              | 100,001 - 250,000            | 46              | Can                       | 36                      | Tank wagon                |
| 56               | 60 - 69% |                      |        | 15                              | 50,001 - 100,000             | 45              | Carboy                    | 35                      | Railcar                   |
| 55               | 50 - 59% |                      |        | 14                              | 10,001 - 50,000              | 44              | Silo                      | 34                      | Other (Describe)          |
| 54               | 25 - 49% |                      |        | 13                              | 1,001 - 10,000               | 43              | Fiber drum                | 33                      | Below ground tank         |
| 53               | 10 - 24% |                      |        | 12                              | 101 - 1,000                  | 42              | Bag                       |                         | (fiberglass)              |
| 52               | 1 - 9%   |                      |        | 11                              | 11 - 100                     | 41              | Box                       | 32                      | Plastic drums             |
| 51               | 0 - 0.9% |                      |        | 10                              | 1 - 10                       |                 |                           |                         |                           |
|                  |          |                      |        | 09                              | Less than 1 lb.              |                 |                           |                         |                           |
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## ARCADIS

### APPENDIX G ENVIRONMENTAL PERMITS

#### USEPA Resource Conservation and Recovery Act (RCRA)

- Acknowledgement of Notification of Hazardous Waste Activity EPA ID (#NJD986597524); 12/10/90

#### NJDEP Bureau of Underground Storage Tanks (BUST)

- Underground Storage Tank Closure Approval through BUST, case later merged with ISRA Case #93263; 12/14/93

#### NJDEP ECRA/ISRA (Case #93263)

- NJPDES/Discharge to Groundwater Permit (#NJ0081779) authorizing discharge of treated groundwater via reinjection well; 2/1/93 - 1/31/98; 9/24/98 - 9/23/03
- Permit to Construct and Operate Treatment Works (#92-7226-4N) for the groundwater remediation and treatment system and discharge to groundwater via reinjection well under the terms and conditions of the NJPDES/Discharge to Groundwater Permit (#NJ0081779); 3/16/93
- Permit to Construct and Certificate to Operate Control Apparatus or Equipment (#93-1524) for the groundwater remediation and treatment system; 5/19/93

#### NJDEP Air Pollution Control Permits

- Air Pollution Control Permit #067920 approved 9/12/83 - Incinerator Stack
- Air Pollution Control Permit #077709 approved 1987 - Cyclone Baghouse (CY-1)
- Air Pollution Control Permit #099536 approved 2/15/91 - Flex Kleen Dust Collector
- Air Pollution Control Permit #107058 approved 5/28/92 - Presses: AHU1-5-6
- Air Pollution Control Permit #107059 approved 5/28/92 - Presses: AHU2-7
- Air Pollution Control Permit #107060 approved 5/28/92 - Presses: AHU3-4
- Air Pollution Control Permit #107061 approved 5/28/92 - Presses: AHU24-26
- Air Pollution Control Permit #107062 approved 5/28/92 - Presses: AHU25-27
- Air Pollution Control Permit #107063 approved 5/28/92 - Presses: AHU29-30
- Air Pollution Control Permit #108472 approved 8/24/92 - Flex Kleen Dust Collector



## **ARCADIS**

### **NJDEP Division of Solid Waste Management**

- Facility permit for onsite incinerator which burned ink, waste paper, and pallets (no copy of 1983 permit available)

### **Bergen County Utilities Authority ("BCUA")**

- Industrial Wastewater Discharge Permit (#92-141) authorizing discharge of industrial process wastewater to BCUA Little Ferry Treatment Plant - issued 6/22/92

### **Hackensack Meadowlands Development Commission ("HMDC")**

- HMDC Zoning Certificate (File #83-128) for addition to house an incinerator and heat recovery system - approved 8/15/83
- HMDC Zoning Certificate (File #93-168) for the installation of modular remediation system, recovery wells, leachate pools and fence - approved 4/8/93

**APPENDIX H**  
**DESCRIPTION OF REMEDIAL ACTIVITIES CONDUCTED AT SITE**  
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The Former New York Times (Times) Property is shown on Figure 1 (Site Location – Appendix A). The following areas of concern were identified, investigated, and remediated on the Property under New Jersey Department of Environmental Protection (NJDEP) supervision.

In 1988, the Times detected two underground storage tank (UST) leaks on the Property, one was related to a gasoline UST at the Former Delta Trucking Garage and the other a diesel fuel UST at the Former Truck Maintenance Garage. A remedial investigation of these USTs was conducted by the Times and approved by the NJDEP Bureau of Underground Storage Tanks.

When the Times terminated its operations on the Carlstadt property in April 1993, it was required to comply with the Environmental Cleanup and Responsibility Act (ECRA), which later became the Industrial Site Recovery Act (ISRA), N.J.S.A. 13:1K-6, et seq. The case was subsequently transferred to the Bureau of Environmental Evaluation Cleanup and Recovery Act and assigned Case #93263.

ISRA requires the owner or operator of an industrial property to identify all areas of concern (AOCs) that may have been impacted by contamination resulting from ongoing and historical business operations. All AOCs must be investigated and, if necessary, remediated. The type of investigation, including the chemical constituents that will be analyzed at the laboratory, are based on the historic operations reported by the party undertaking the ISRA cleanup.

When the NJDEP decides to “close” an AOC by issuing a No Further Action (NFA) Letter, it constitutes a determination by the agency that the particular AOC (such as an underground tank or chemical storage area) on a property has been sufficiently investigated/remediated.

Section 1 includes AOCs identified by the NJDEP and Section 2 describes the decommissioning and disposal of equipment and chemicals.

**1. Areas of Concern**

An ECRA Site Evaluation Submission (SES) and Initial Notice were submitted to the NJDEP by ERM Northeast in April 1993. The SES describes, among other things, all chemical storage/usage at the Property. A Decontamination and Decommissioning Plan/Sampling and Analysis Plan (DDP/SAP) was also submitted along with the SES. The NJDEP accepted the DDP/SAP as a Site Investigation/Remedial Investigation Work Plan (SI/RIWP), and approval to proceed with the investigation was received on February 16, 1994.

The SI/RIWP and NJDEP comment letters to the Times since 1993 were used to compile the following AOC list. The naming above the description indicates whether a no further action (NFA) letter was received for the AOC from the NJDEP, the date the NFA was received, and the constituents of interest (COIs). Areas of concern and sub-areas which have received no further action letters or for which no further action is required by NJDEP are shown in blue on Figure 2 (Site Map - Appendix I). One area, the Former Delta Trucking Garage is shown in orange; this is an ongoing groundwater remediation area.

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| <i>Area of Concern</i>      | <i>NFA</i> | <i>Date</i>     | <i>COIs</i> |
|-----------------------------|------------|-----------------|-------------|
| 1.1 <i>Insertor #7 Area</i> | <i>Yes</i> | <i>11/18/94</i> | <i>TPH</i>  |

The New York Times printing plant included a mailing and inserter room where printing inserts for the newspapers were assembled using machines. The Inserter #7 Area is shown on Figure 2 (Site Map - Appendix I). The floor of the area contained an abandoned sewer line, sump, and separator, which discharged to the sanitary sewer. According to historical records, the separator was abandoned and filled in. The pump was subsequently removed from the sump and the sump was also abandoned and filled in. The piping to the area was flushed with water and the majority of the floor drains were sealed. One floor drain remained open. After a fire in 1991, water started seeping up through the floor, possibly through the remaining open drain. The water had a petroleum odor and the area was investigated. The Times reported the incident to the NJDEP (#91-5-12-1216-32).

Three borings were installed between the Inserter and the abandoned separator and the sump, to a depth of 0.5 feet, and the soils were field screened for volatiles. One soil sample was collected in one of the borings and analyzed for total petroleum hydrocarbons (TPH). The soil did not exceed the most stringent Residential Direct Contract Soil Cleanup Criteria (RDCSCC) for TPH, so there were no impacts to soils and no impact to groundwater from this AOC that required remediation, and No Further Action was approved by the NJDEP in 1994.

|                                       |            |                |             |
|---------------------------------------|------------|----------------|-------------|
| 1.2 <i>Electrical Substation</i>      |            |                |             |
| <i>Outside Main Printing Facility</i> | <i>Yes</i> | <i>1/29/97</i> | <i>PCBs</i> |

Two transformers were formerly located along the west side of the Main Printing Facility. The transformer locations are shown on Figure 2 (Site Map - Appendix I). Subcontractor logs indicated there was less than 3 milligrams per liter (or parts per million (ppm)) polychlorinated biphenyl compounds (PCBs) in the units, and no leaks from these units were observed or recorded. Nevertheless, the NJDEP requested sampling of the dielectric fluids and soil sampling around the units to evaluate the potential for impacts from PCBs.

Seven soil samples were collected around the two transformers to a depth of 0.5 feet in March 1994 and analyzed for PCBs. One of the samples exceeded the RDCSCC for PCBs, but was below the Non-Residential Direct Contact Soil Cleanup Criteria (NRDCSCC). The location was re-sampled at a depth of 1 foot and three additional samples were collected triangulating the location at a depth of 0.5 foot in November 1994 and analyzed for PCBs. No PCBs were detected in the additional samples collected in November 1994. Soils were excavated around the units in June 1996 and No Further Action was approved by the NJDEP in 1997. Since the original sample was isolated and there is no expected impact to groundwater, the Electrical Substation is not considered a potential source of impact to the Berry's Creek Study Area.

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|     |                    |     |                     |                                   |
|-----|--------------------|-----|---------------------|-----------------------------------|
| 1.3 | Storm Sewer System | Yes | 8/24/94<br>11/18/94 | Pb, Cd, Zn<br>Pesticides,<br>PCBs |
|-----|--------------------|-----|---------------------|-----------------------------------|

The storm sewer system runs from the front corner of the former Times' printing plant at Washington Avenue parallel to the former Times' facility (along the southern boundary of the site) out to a drainage channel, which is a tributary to Peach Island Creek. The system drains water from the parking areas, roof drains, reel room drains, fueling area, and mechanic's bay trench in the Truck Maintenance Garage. In addition, the manholes throughout the site do not have waterproof seals, including one in the former Times' parking lot at the front of the facility, which receives runoff from Washington Avenue. NJDEP required sediment sampling at system manholes upstream and downstream of the Main Printing Facility and at the system's outfall to the unnamed tributary of Peach Island Creek for priority pollutant compounds (PP+40) to assess the potential impact from the site operations. Sediment samples were collected from two manholes, SD-1 (upgradient of main plant) and SD-2 (downgradient of main plant) along the storm sewer line, and at the system's outfall (in the ditch). Those locations are shown on Figure 2 (Site Map - Appendix I). The samples were analyzed for priority pollutants and additional 40 compounds (PP+40). Volatile organics and base neutral compounds were not detected above the RDCSCC.

NJDEP indicated in a letter dated August 24, 1994 that volatile organics and base neutrals did not pose a concern. However, there were detections of PCBs, pesticides, and metals. The pesticides and PCBs included 4,4' DDD; 4,4' DDE; and alpha and gamma chlordanes. These constituents were not detected above the RDCSCC. Metals including lead, zinc, and cadmium were detected. Lead and zinc (and the PCBs) were detected in sediment collected from a manhole located upgradient of the printing plant ("upgradient manhole") above the standards for Effects Range-Median screening values for sediment-sorbed contaminants (lead and zinc were also detected in the sediment at the outfall from the New York Times storm sewer). The Times reported that a potential source for these contaminants was runoff entering the manholes on the site from Washington Avenue or adjoining property since no floor drains are connected to the upgradient manhole where contaminants were found (and no transformers are situated on the roof. With respect to lead and zinc, the NJDEP acknowledged that a direct comparison of analytical results from sediment in the manhole to the sediment quality criteria was not appropriate, and, in August of 1994, approved No Further Action (November 18, 1994 letter at page 3). The NJDEP required further documentation to confirm that the plant floor drains were not a source of PCBs and chlordanes (which documentation the Times provided). In November of 1994, NJDEP concluded that, "Upon review of the contaminants detected in the storm sewer system samples, PCBs and chlordanes were detected below the RDCSCC. At this time, the NJDEP is not requiring the removal of sediments from the storm sewer since there appears to be no adverse affects on the receiving water, an unnamed tributary to Peach Island Creek."

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1.4      *Waste Solvent Underground Storage Tank*      Yes      3/14/95      VOCs

One 275-gallon UST was used to store solvent; this tank was located near the Main Plant Facility identified as UST #10 and shown on Figure 2 (Site Map - Appendix I). The tank was used between 1976 and 1980 after which the Times used detergent-based cleaners exclusively. The tank collected liquid from the former Solvent Storage Room, which later became the Waste Ink Room.

The tank was removed in September 1994. Two soil samples were collected from the tank excavation. The soils were field screened for volatiles and analyzed for volatile organics (VO+10). There were no detections of volatiles in the soil samples; therefore, there were no impacts to soil or expected impact to groundwater at this area of concern. The area was subsequently backfilled. No further action was approved by the NJDEP for this area of concern in 1995. Based on the lack of impacts to soils or groundwater, the Waste Solvent UST is not considered a potential source of impact to the Berry's Creek Study Area.

1.5      *One 1,000-Gallon Waste Oil UST, 550-Gallon  
Overflow UST and 1,800 Gallon Separator*      Yes-Soil      1/24/96      TPH, VOCs,  
BN, Metals

There was one 1,000-gallon waste oil tank (UST #5) connected to floor drains in the Truck Maintenance Garage. A second tank, a 550-gallon waste oil overflow (UST #6) was connected to an oil and water separator. A 1,800-gallon oil and water separator received mixed oil and water from sumps and drains in the garage. The tanks were removed in March 1995 and were in good condition. Thirteen soil samples were collected along the piping trench excavations and analyzed for TPH and PP+40. Two of the thirteen were analyzed for VO+15 and BN+15, pesticides, PCBs, and priority pollutant metals. Volatiles, base neutrals and priority pollutants were detected. One pesticide (4,4' DDD) and one PCB (Arochlor 1260) were detected. Six soil samples were collected from the waste oil tanks and separator excavation and analyzed for TPH. One soil sample was analyzed for priority pollutants. Target volatiles were not detected. Some base neutrals and priority pollutant metals were detected. One pesticide (4,4' DDD) and one PCB (Arochlor 1260) were detected. Two additional soil samples were collected prior to restoration to determine the extent and depth of product leakage. The excavations were backfilled in April 1995 and no further action was accepted for the soils portion of the area of concern in 1996. The groundwater portion of this area of concern is discussed under the Former Truck Maintenance Garage (paragraph 1.13).

1.6      *Abandoned Septic System*      Yes      2/3/99      VOC (BTEX),  
SVOCs, PCBs

Since the time it first occupied the building, Times was connected to the sanitary sewer. However a septic system was reportedly abandoned on site in approximately 1975 prior to their ownership and occupation. An old plan of the site was found at the Borough of Carlstadt and was used to locate the

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septic tanks and approximate extent of the field. There were six tanks shown along with the extent of the septic field on Figure 2 (Site Map - Appendix I).

Groundwater samples were collected from three monitoring wells (MW-8, MW-9, and MW-11) in the vicinity of the septic system during the Phase II Hydrogeologic Investigation conducted in 1992. The samples were analyzed for benzene, toluene, ethylbenzene, xylene (BTEX); methyl tertiary butyl ether (MTBE); and tertiary butyl alcohol (TBA). No target analytes were detected in groundwater samples collected from MW-8 or MW-11. Low concentrations of BTEX compounds were detected in MW-9 immediately downgradient of the septic system. The septic tanks were excavated in February 1995 and found that the tanks had been filled with sand; there was staining, but no evidence of sludge in the tanks. The tank bottoms appeared intact. The soils beneath the tanks were field screened for volatiles and one soil sample was collected for PP+40 analysis. One PCB compound, Aroclor-1254, was detected slightly in excess of the NRDCSCC. Two compounds, benzo(a)anthracene and Aroclor 1248, were detected above the RDCSCC, but below the NRDCSCC.

ARCADIS performed additional soil sampling around the former septic field in June 1996 that included the installation of seventeen soil borings. Additionally, a monitoring well, MW-21, was installed along the northern limits of the former septic system leachate field to better define the potential groundwater contamination in the vicinity of the former septic system. The soils were field screened for volatiles and one sample from each boring was analyzed for volatile organics, semi-volatile organics, and PCBs. One semi-volatile compound was detected at a few boring locations but below the most stringent SCC. Monitoring wells MW-21 and MW-8 were sampled following the soil investigation. The groundwater samples were analyzed for volatile organics, semi-volatile organics, and PCBs. No target compounds were detected in MW-8; toluene and xylene were detected at MW-21. Toluene was detected below the NJDEP groundwater standard; xylenes were detected slightly above the standard. No PCBs were detected in the groundwater samples collected.

The excavation of the tanks and leaching field was performed in October 1997. Eleven post-excavation soil samples were collected. Soil samples were collected from each boring and analyzed for volatile organics and semi-volatile organics. There were no detections of the target compounds.

The impacts at the former septic field were attributed to impacts at the Former Delta Trucking Garage Area and not directly from any historical discharge from the septic field since volatiles were only detected in the groundwater samples and not the soils. No further action was approved by the NJDEP for the former septic field in 1999. Based on the type of impacts and their association with a separate area of concern, the Former Septic Field is not considered a potential source of impact to the Berry's Creek Study Area.

|     |                                  |          |         |           |
|-----|----------------------------------|----------|---------|-----------|
| 1.7 | 4,000-Gallon Lubricating Oil UST | Yes-Soil | 3/14/95 | TPH, VOCs |
|-----|----------------------------------|----------|---------|-----------|

There were a total of 10 USTs located at the Times Printing Facility and at the Truck Maintenance Garage. The lubricating oil UST (UST #4) was located adjacent to the Truck Maintenance Garage as

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shown on Figure 2 (Site Map - Appendix I). The tank was removed in September 1994. One soil sample was collected from each side of the excavation adjacent to the concrete pad foundation for a total of four samples. The samples were field screened for volatiles and analyzed for TPH. The results were well below the most stringent SCC and therefore no additional sampling was conducted. Since there were no impacts to soil or expected impact to groundwater at this area of concern, the area was subsequently backfilled. No Further Action was approved by the NJDEP in 1995. The groundwater portion of this area of concern is discussed under the Former Truck Maintenance Garage (paragraph 1.13).

|     |  |                 |                |                  |
|-----|--|-----------------|----------------|------------------|
| 1.8 | <i>Three-12,000 Gallon Diesel USTs<br/>(also called Diesel USTs)</i> | <i>Yes-Soil</i> | <i>1/29/97</i> | <i>TPH, VOCs</i> |
|-----|--|-----------------|----------------|------------------|

Three diesel USTs (UST #1, UST #2, and UST#3) were located adjacent to the Truck Maintenance Garage as shown on Figure 2 (Site Map - Appendix I). The tanks, which had been installed in 1985, were repaired in 1988. They were removed permanently in 1994 during the ISRA investigation. Eight samples were collected from the tank excavation and field screened for volatiles. The soil samples were analyzed for TPH; one sample exceeded the criteria for diesel fuel and was analyzed for volatile organics. The target volatiles were not detected. The area was subsequently backfilled. No Further Action for the excavation and backfill activities was approved by the NJDEP in 1997. The groundwater portion of this area of concern is discussed under the Former Delta Trucking Garage (paragraph 1.12).

|     |  |            |                |            |
|-----|--|------------|----------------|------------|
| 1.9 | <i>Floor Drains in Truck Dock Area</i> | <i>Yes</i> | <i>11/3/95</i> | <i>N/A</i> |
|-----|--|------------|----------------|------------|

The Truck Dock Area was located in the Main Printing Facility as shown on Figure 2 (Site Map - Appendix I). There were six floor drains in the truck dock area. The floor drains reportedly discharged to the storm sewer. Dye testing of the floor drains was performed and confirmed that four of the six drains discharged to the storm sewer. The drains were sealed with concrete. No Further Action was approved by the NJDEP in 1995. These drains were connected to the storm water system. As noted in paragraph 1.3, the sediment in the storm sewer was sampled and the NJDEP required no remediation of that sediment. For this reason, the Floor Drains in the Truck Dock Area are not considered a potential source of impact to the Berry's Creek Study Area.

|      |                                      |            |                |            |
|------|--------------------------------------|------------|----------------|------------|
| 1.10 | <i>Floor Drains in the Reel Room</i> | <i>Yes</i> | <i>4/30/96</i> | <i>N/A</i> |
|------|--------------------------------------|------------|----------------|------------|

There were seven reel rooms identified as Reel Rooms A through G as shown on Figure 2 (Site Map - Appendix I). Paper rolls were put into the press reels and through the presses on the Press Deck. The reel rooms contained fountain solution (i.e., petroleum-based black ink) for clarity of the newsprint. Colored inks containing metals, and solvent-based inks were not used at the Times' facility. The solution was mixed in covered tanks and fed to the presses. Containers of the solution were stored in the reel rooms. Floor drains in the reel rooms discharged to the sanitary sewer.

In January 1995, the sumps and drains were inspected, and in August 1995 the floor drains were cleaned. The cleaning solution was transported for off-site disposal as per the DDP. Floor drains were flushed and

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with Carlstadt Sewerage Authority permission, wash water was discharged to the sanitary sewer. Sand and silt from the drains were disposed of as per the DDP. The reel room floor drains were last mentioned in an NJDEP letter dated April 30, 1996 when NJDEP approved Times' proposal to seal the reel room floor.

The sumps did not indicate any breaches and, thus, did not provide a conduit for passage of liquids to the ground or groundwater. The floor was sealed and No Further Action was required by the NJDEP. Based on this information, the Floor Drains in the Reel Room are not considered a potential source of impact to the Berry's Creek Study Area.

|      |  |                 |                |   |
|------|--|-----------------|----------------|---|
| 1.11 | <i>Former 4,000-Gallon USTs (2 Diesel, 1 Gasoline)<br/>(also called Former USTs)</i> | <i>Yes-Soil</i> | <i>Ongoing</i> | <i>TPH, VOCs<br/>(BTEX, MTBE<br/>&amp; TBA)</i> |
|------|--|-----------------|----------------|---|

Three 4,000-gallon tanks identified as UST #7, UST #8, and UST #9 were located adjacent to the Former Delta Trucking Garage and the Electrical Substation Outside Main Printing Facility as shown on Figure 2 (Site Map - Appendix I). Two tanks contained diesel fuel and one contained leaded gasoline. The tanks were removed in April 1989. The groundwater portion of this AOC is discussed under the Former Delta Trucking Garage (paragraph 1.12).

|      |                                     |                 |                |   |
|------|-------------------------------------|-----------------|----------------|---|
| 1.12 | <i>Former Delta Trucking Garage</i> | <i>Yes-Soil</i> | <i>Ongoing</i> | <i>VOCs, (BTEX,<br/>MTBE &amp; TBA)</i> |
|------|-------------------------------------|-----------------|----------------|---|

The Delta Trucking Garage was located adjacent to the Main Printing Facility as shown on Figure 2 (Site Map - Appendix I). The trucking garage was formerly identified as the Former Masonry Building. Two 4,000-gallon diesel tanks and one 4,000-gallon gasoline tank (UST #7, UST #8, and UST #9) were situated adjacent to the building. The gasoline tank failed a Petro-tite<sup>®</sup> leak detection test in October 1988, and a release was reported to the NJDEP in December 1988 (Incident #88-12-01-1544). The amount of the release was unknown. The tanks were removed in April 1989. NJDEP approved a Soil Reuse Plan in August 1990 for refilling the excavation with the stockpiled dry soils. The results of the investigation of this area are shown on Figure 3 (Former Delta Trucking Garage AOC).

Six monitoring wells, identified as MW-1 through MW-6 were installed in May 1989 as shown on Figure 3 (Former Delta Trucking Garage AOC). Groundwater samples were collected and analyzed for volatile organics, MTBE, TBA, and BN+15. Petroleum-related volatile organics including BTEX, MTBE, and 1,2-dichloroethane were detected in the groundwater. Naphthalene was the only base neutral compound detected. Free product was detected in MW-1; the product was removed from this well on a periodic basis after 1990 using an interim system. Monitoring wells MW-1 through MW-6 were incorporated into a monitoring program as directed by the NJDEP in 1990, which was supplemented with additional wells in 1993.



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A second investigation was performed between February and May 1992 as part of the Phase II Hydrogeologic Investigation to further delineate the extent of groundwater and soil impacts (in particular MW-1 which contained free product) and perform tests to evaluate remedial techniques. The investigation included the installation of eight additional monitoring wells (identified as MW-7 through MW-14); thirteen soil borings (B-1 through B-13), and four piezometers (P-1 through P-4) also shown on Figure 3 (Former Delta Trucking Garage AOC). Soil samples were collected from eight borings and two of the intended piezometers, the remaining borings contained free product. The soil samples were analyzed for volatile organics and TPH. All of the soil samples contained TPH concentrations, however the levels were below the 10,000 milligrams per kilogram (mg/kg) criteria. The volatile organic compounds xylene and ethylbenzene were also detected. Groundwater samples were collected from wells MW-2 through MW-14, MW-1 contained free product. The groundwater samples were analyzed for BTEX, MTBE, and TBA. Ten of the wells contained at least one of the target compounds. There were nine exceedances of the impact to groundwater (IGW) standard for benzene, six for toluene, five for xylene, and six for MTBE.

An incident involving a leaking gasoline tank was reported to the NJDEP in April 1992 (#92-4-10-0931-25). The amount of the release was unknown. This incident may have been related to the original leak reported in 1988.

Some of the wells from both investigations were incorporated into a quarterly monitoring program in 1990, which is currently ongoing. Monitoring wells MW-3, MW-5, and MW-6 from the original investigation and MW-7 (incorporated in 1995), MW-10, and MW-12 from the second investigation were incorporated into a quarterly monitoring program in 1993, which is currently ongoing.

Based on the two investigations and additional performance tests conducted during the second investigation, ARCADIS presented a conceptual remediation plan for a dual phase extraction system in September 1992, which was approved by the NJDEP. The system was designed to remove light non-aqueous phase liquid (LNAPL) or free product and remediate dissolved hydrocarbon constituents in both the soils and groundwater, while providing hydraulic containment of the affected area. The system utilized four dual phase recovery wells for the removal of both soil vapor and groundwater. Construction of the system began in June 1993 and operation began in August 1993.

Post-excavation soil sampling associated with the tanks was performed in May and June 1996. The soil sampling consisted of the installation of twelve borings (DA-1 through DA-12). Soil samples were field screened and thirteen samples were collected and analyzed for volatile organics and TPH. Xylenes were detected in three samples above the IGW standard. An additional investigation was conducted in May 1997 to delineate the impact from the first twelve borings. The investigation included the installation of eleven borings (DA-13 through DA-23). The soils were field screened and one sample was collected from each boring and analyzed for BTEX compounds in the field. Five samples exhibited exceedances, one of these samples and the remaining six samples were submitted to the laboratory for target compound list volatile organics and TPH analysis to confirm the limits of the impacted area. The laboratory results

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confirmed the results of the field analysis with the exception of DA-23, which had TPH in exceedance of the most stringent SCC.

NJDEP requested an additional boring in their letter dated September 17, 1997 to collect a groundwater sample for additional delineation between DA-3 and DA-22. An additional boring (DA-23) was installed in February 1998. A groundwater sample was collected from the boring and analyzed for volatile organics and TPH. Volatile organics were below the most stringent SCC.

ARCADIS is currently conducting quarterly groundwater monitoring at the site. The pre-quarterly groundwater samples from 1992 for all of the monitoring wells and ongoing quarterly monitoring results from 1993 to the present are provided on Figure 3 (Former Delta Trucking Garage AOC). Based on the monitoring performed at MW-1, MW-2, MW-4, MW-8, MW-9, MW-11, MW-13, and MW-14, NJDEP did not require these wells to be included in the quarterly groundwater monitoring program and these wells were abandoned with NJDEP approval in April and May 1997. Piezometers P-1 through P-4 were also abandoned in February 1998. The remaining wells, including MW-3, MW-5, MW-6, MW-7, MW-10, and MW-12, are sampled quarterly and samples are analyzed for BTEX, MTBE, and TBA.

Various methods of active remediation have been applied to the site and have continued until May 2002. The monitoring has confirmed that the impact in this area was localized and has not migrated off-site. The Times' has made significant progress in reducing both the concentration and size of the groundwater plume. Appropriate methods for dealing with the residual groundwater contaminants are currently being evaluated. The impacts at this AOC are localized and clean downgradient wells indicate that impact has not migrated off-site.

|      |  |     |        |                     |
|------|--|-----|--------|---------------------|
| 1.13 | Former Truck Maintenance Garage<br>(Fuel Station/APA Maintenance Garage) | Yes | 2/3/99 | VOCs (BTEX),<br>TPH |
|------|--|-----|--------|---------------------|

The garage was reportedly constructed in 1984 and was leased to the APA Trucking Corporation. APA maintained the fleet of leased Times delivery trucks. The facility included a diesel fueling station, five maintenance bays, a painting booth, a washing facility, and administrative offices. The fueling area contained two fueling islands with three 12,000-gallon diesel USTs (UST #1, UST #2, and UST #3), a 4,000-gallon lubricating oil UST (UST #4), a 1,000-gallon waste oil tank (UST #5), a 550-gallon oil overflow tank (UST #6), and an approximately 1,800-gallon oil and water separator and associated appurtenances. The diesel USTs and the lubricating oil UST were removed in September 1994, and the waste oil USTs and the oil and water separator were removed in March 1995. The garage and fueling area are shown on Figure 2 (Site Map - Appendix I). The results of the investigation of this area are shown on Figure 4 (Former Truck Maintenance Garage AOC).

The three (3) 12,000-gallon diesel tanks were installed in 1985. A faulty piping connection to UST #3, which had damaged the tank, was repaired in 1988, and at that time, the Times notified NJDEP that

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approximately 1,500 to 2,000 gallons of diesel fuel had been released from the tank, and that the company, which had installed the tanks, had already recovered a large amount of the product.

When the APA USTs (including waste oil USTs #5, and #6) were permanently removed in 1994 and 1995, there was evidence of weathered diesel fuel product (dating back to 1988), which condition was reported to the NJDEP (#94-9-21-1545-11) and (#95-3-3-1320-57). Soil sampling was conducted in the tank excavations as described further under the individual tank AOC descriptions. Soils with high TPH results were excavated and the areas were backfilled.

Two initial borings (SP-1 and SP-2) were installed around the fuel dispensers in September 1994; additional post excavation sampling was performed around the fuel dispenser islands in June 1996 following the 1995 RI described below. Five soil borings were installed (SP-BOT, SP-NORTH, SP-SOUTH, SP-EAST, and SP-WEST) to delineate SP-1 and SP-2. The samples were collected at a depth of 2.5 feet and were field screened for volatiles and the sample with the highest reading was analyzed for VO+10, BN+20, and TPH. No volatiles were detected, four base neutral compounds were detected below the RDCSCC. No additional excavation or sampling was performed around the fuel islands.

ARCADIS conducted a more comprehensive RI relating to the diesel product release between April and September 1995, which included the installation of sixteen soil borings (identified as SB-1 through SB-16), six monitoring wells (identified as MW-15 through MW-20) and four product collection points (CP-1 through CP-4) to investigate soil and groundwater. The collection points were installed within or immediately adjacent to the tank excavation. Product recovery was performed from the collection points in June 1995 during the RI and subsequently monitored during the semiannual groundwater monitoring described below. The soil borings, monitoring well locations, and collection points are shown on Figure 4 (Former Truck Maintenance Garage AOC). Soil borings were installed to monitor for the presence of and delineate areas with free product. The soils from each boring were field screened for volatiles. Based on the screening, six soil samples were collected from the unsaturated zone and analyzed for VO+10, BN+15, and TPH from SB-1, SB-6, SB-8, SB-13, SB-14, and SB-15. Groundwater samples were collected from all six wells and analyzed for VO+10, BN+15, and inorganic parameters for biogeochemical analysis. The results of the RI are shown on Figure 4 (Former Truck Maintenance Garage AOC). The soil sample results for targeted VOCs and BNAs were all below the RDCSCC indicating that there was no impact to unsaturated soils in areas further outside the tank excavation. The groundwater sample results for targeted VOCs and BNAs were below the NJDEP Class II-A quality criteria. The results of the RI confirmed that the impacts from the diesel release were limited to the immediate area of the tank excavation. There were no impacts observed in any of the groundwater samples collected from the RI monitoring wells. As a result there was no potential for the migration of any impacted groundwater to migrate from the site.

The Times proposed a groundwater-monitoring program including two wells (MW-18 and MW-20) closest to the former UST excavations to confirm a decreasing trend since conducting the RI. Based on input from the NJDEP, an additional well, MW-16 was also added to the program. The semi-annual monitoring program started in 1996; the remaining three wells (MW-15, MW-17, and MW-19) were

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abandoned with NJDEP approval in April and May 1997. The monitoring program included analysis of groundwater for site-specific volatile organics and base neutrals plus acid extractables. The original groundwater samples and semi-annual monitoring results are provided on Figure 4 (Former Truck Maintenance Garage AOC). The monitoring program continued into 1998 and confirmed a decreasing trend. Monitoring wells MW-16, MW-18, and MW-20 and collection points CP-1 through CP-4 were abandoned with NJDEP approval in February 1999. No Further Action was approved by the NJDEP for the Former Truck Maintenance Garage in 1999. The soil and groundwater remediation has been completed and clean downgradient wells indicate that impact has not migrated off-site.

**2. Decommissioning and Disposal of Equipment and Chemicals**

Based on the preliminary assessment (a/k/a SES), which was completed under ECRA/ISRA, the Times proposed and obtained no further action for the waste newspaper dock, paper delivery area, storage and roll lay down areas, radio room, compaction room, central supplies, first aid, first floor machine shop, driver's waiting room and traffic control, welder's shop, dust collection room, inserting and mail rooms, bundle distribution equipment room loading docks, engineer's shop, education aids sublease area, in-house printing sublease area, press deck level machine shop, ink pack cleaning area, slop room, press level oiler's room, cafeteria, office areas, restroom, and conference rooms. These areas are shown in gray on Figure 2 (Site Map - Appendix I).

**2.1 Decontamination/Decommissioning**

The Times submitted a DDP, as described in Section 1, for miscellaneous areas of the site that needed inspection, materials and/or equipment disposed of, and/or cleaning. In NJDEP correspondence, these areas were grouped into the decontamination and decommissioning category. These areas and sub-areas are shown in green on Figure 2 (Site Map - Appendix I).

**2.1.1 Sumps and Floor Drains**

In December 1993, the NJDEP approved the Times' proposal to remove the chemicals and clean residues from these areas which required the Times to inspect all sumps and floor drains for integrity and sampling of soils if anything was breached. The Times conducted the work on January 19, 1995. In May 1996 ARCADIS provided the NJDEP with a certification confirming the integrity of the floor drains, sumps, pits, and other similar structures on the site. This list included tanks in the battery charging areas, sumps in the battery charging areas, inserter #7 sump (described as an AOC), rail dock sump, waste paper transport sump and drain, boiler room sump, black ink storage room sump, main presses reel room sump, "G" press reel room sump, incinerator separator, plate making room waste tank, and the Hackensack News separator and sump.

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2.1.2 Specific Areas

*Battery Charging Areas*

There were six battery charging areas identified as Battery Charging Areas "A" through "F". Battery Charging Area A had a neutralization tank and trench drain, Battery Charging Area B had a neutralization tank and sump, Battery Charging Area D had a neutralization tank, trench drain, and sump. Battery Charging Area C had a trench drain. Floor and trench drains from the charging areas discharge into the sanitary sewer. The water was processed through a neutralization tank to a sump and overhead to the sanitary sewer. The tanks and sumps were identified as potential areas of concern and were resolved per the DDP. The tanks and sumps were inspected in January 1995. The NJDEP did not identify this as an area of concern in subsequent correspondence.

*Black Ink Storage Room and Ink Supply System*

Black ink for printing operations was stored in this room and distributed to other areas of the room. Floor washings and miscellaneous spills were collected in a sump and pumped to the sanitary sewer. Cleaning of the sump and room was handled as per the DDP. The Times decommissioned the sump in May and June 1996; the sump was power-washed, filled with gravel, and sealed with concrete. The NJDEP did not identify this as an AOC in subsequent correspondence.

*Reel Rooms*

There were seven reel rooms identified as A through G; rooms A through F were the main reel rooms. Small quantities of solutions were stored in these rooms. The management of these materials was resolved per the DDP. The floor drains were inspected in January 1995 and cleaned in August 1995. This area was identified as an AOC due to the presence of floor drains discharging to the storm sewer and was resolved as described in paragraph 1.10 above.

*Incinerator Room*

The incinerator room was attached to the rear of the Main Printing Facility. The room contained an incinerator used for burning waste inks, newspaper, and pallets. The waste inks were processed through a separator, which removed water. The water was discharged to the sanitary sewer. Water from the floor washings was collected in floor drains transferred to a sump and pumped to a settling tank for treatment and discharged to the sanitary sewer. The settling tank in this area was identified in the SES as an AOC, however, the remaining equipment was not considered an AOC, but was included for clarification. Management of chemicals was resolved per the DDP. This AOC was grouped with the decontamination and decommissioning of the facility by the NJDEP. The incinerator was cleaned in May 1993 and permanently disabled in September 1994. The Times decommissioned the trench drain and sump in May/June 1996, the trench was cleaned, the sump was power-washed, and both were filled with gravel and sealed with concrete. The NJDEP did not identify this as an AOC in subsequent correspondence.

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#### *Platemaking Room*

Small quantities of chemicals were used in this room including developer and plate finishers. Units containing these chemicals were directly conveyed into the sanitary sewer after treatment in a settling tank. In addition, drainage from the slop sink was also processed similarly. Cleaning of the separator and settling tank was addressed as per the DDP. The Times decommissioned and removed the aboveground tank in May/June 1996. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### *In-House Printing*

Small quantities of chemicals were stored in this room. Management of chemicals was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### *Hackensack News Truck Maintenance*

An area of the Main Printing Facility was leased by Hackensack News (a distributor of newspapers and periodicals) as shown on Figure 2 (Site Map - Appendix I). Floor drains from the maintenance area discharge through a sump and separator into the sanitary sewer, via a bathroom. The Times reported to the NJDEP that in 1989, a Hackensack News employee had been observed pouring a can of fuel oil into the Truck Maintenance Shop floor drain. The amount of the release is not known. Cleaning of the sump was addressed as per the DDP. The sump and separator were inspected in January 1995 and pumped out in August 1995. The Times decommissioned the separator in May and June 1996, the separator was power-washed, filled with gravel and sealed with concrete. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### 2.1.3 Chemical Disposal Areas

##### *First Floor Oiler's Room*

Lubricating oil and petroleum grease were stored in this room. The management of these materials was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

##### *"G" Press Ink Storage Room and Ink Supply System*

Black ink was stored in this room in a 2,000-gallon storage tank and associated piping. The management of the material was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

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#### *"C" Warehouse*

Miscellaneous containers were stored in the warehouse. The management of these materials was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### *Photographic Chemical Storage Room*

Miscellaneous chemicals were stored in this area for use in platemaking or with the presses. The management of these materials was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### *Waste Ink Room (Former Solvent Storage Room)*

Ink vacuumed from the presses was stored in 55-gallon drums in this area. The ink was decanted and discharged to the incinerator. Cleaning of the room was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### *Roller Room*

Rollers and vacuum trucks were stored in this area. A mixing tank for biodegradable cleaning solution was also stored in the room. Cleaning of the room was resolved per the DDP. The NJDEP did not identify this as an AOC in subsequent correspondence.

#### 2.1.4 Equipment Disposal

##### *Aboveground Storage Tanks*

The Times decommissioned six aboveground storage tanks between October and December 1995, including three 8,000-gallon ink storage tanks, one 2,000-gallon ink storage tank, a 12 foot by 6 foot by 6 foot waste ink tank, and a 5 foot diameter by 8 foot high waste ink tank. The four ink tanks were located inside the Main Printing Facility and the two waste ink tanks were located within the incinerator room that was attached to the rear of the Main Printing Facility. The NJDEP did not identify this as an AOC in subsequent correspondence.

APPENDIX I





**APPENDIX J**  
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| Name                          | Y/N/NA          | Comments  |
|-------------------------------|-----------------|---|
| Acenaphthene                  | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Acenaphthylene                | N               | -   |
| Anthracene                    | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Antimony                      | N               | -   |
| Arsenic                       | N               | -   |
| Benzo(a)anthracene            | N               | -   |
| Benzene                       | See<br>Comments | Substance detected in groundwater, contained on site through remedial efforts. See Appendix H Items Nos. 1.12 & 1.13 and Figures 3 & 4.                             |
| Benzo(a)pyrene                | N               | -   |
| Benzo(b)fluoranthene          | N               | -   |
| Benzo(g,h,i)perylene          | N               | -   |
| Benzo(k)fluoranthene          | N               | -   |
| Bis(2-ethylhexyl)phthalate    | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Butyl benzylphthalate         | N               | -   |
| Cadmium                       | See<br>Comments | Substance found in storm sewer but not believed due to Times' operations. No further action required by the NJDEP. See Appendix H Item No. 1.3.                     |
| Chlorinated dibenzo-p-dioxins | N               | -   |
| Chlorinated dibenzofurans     | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Chlorobenzene                 | N               | -   |
| Chloroform                    | N               | -   |
| Chromium                      | N               | -   |
| Chrysene                      | N               | -   |
| Copper                        | N               | -   |
| Dibenz(a,h)anthracene         | N               | -   |
| Dichlorobenzene               | N               | -   |
| 1,2-dichlorobenzene           | N               | -   |
| 1,2-dichloroethane            | See<br>Comments | Substance detected in groundwater at site prior to quarterly monitoring, contained on site through remedial efforts. See Appendix H Item No. 1.12 and Figure 3.     |

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| Name                   | Y/N/NA          | Comments  |
|------------------------|-----------------|---|
| Dieldrin               | N               | -   |
| Di-n-octyl phthalate   | N               | -   |
| Ethylbenzene           | See<br>Comments | Substance detected in groundwater, contained on site through remedial efforts. See Appendix H Item Nos. 1.12 & 1.13 and Figures 3 & 4.                              |
| Fluoranthene           | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Fluorene               | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Hexachlorobenzene      | N               | -   |
| Indeno(1,2,3-cd)pyrene | N               | -   |
| Lead                   | See<br>Comments | Substance found in storm sewer but not believed due to Times' operations. No further action required by the NJDEP. See Appendix H Item No. 1.3.                     |
| Manganese              | N               | -   |
| Mercury                | N               | -   |
| Methylene chloride     | N               | -   |
| Methyl ethyl ketone    | N               | -   |
| Methyl mercury         | N               | -   |
| 2-methylnaphthalene    | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Naphthalene            | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Nickel                 | N               | -   |
| Pentachlorophenol      | N               | -   |
| Petroleum hydrocarbons | See<br>Comments | Substance detected in groundwater, contained on site through remedial efforts. See Appendix H Item Nos. 1.12 & 1.13 and Figures 3 & 4.                              |
| Phenanthrene           | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |
| Phenol                 | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4. |

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| Name                                    | Y/N/NA          | Comments  |
|---|-----------------|---|
| Polychlorinated biphenyls               | See<br>Comments | Substance detected in sediment and soils below applicable standards and not a concern or removed via excavation. No further action required by the NJDEP. See Appendix H Item Nos. 1.2, 1.3, 1.5 & 1.6. |
| Polycyclic aromatic hydrocarbons (PAHs) | See<br>Comments | See other PAHs listed herein.   |
| Pyrene                                  | See<br>Comments | Substance detected in groundwater at site, degraded below applicable standards. No further action required by the NJDEP. See Appendix H Item No. 1.13 and Figure 4.                                     |
| Selenium                                | N               | -   |
| Silver                                  | N               | -   |
| 1,1,2,2-tetrachloroethane               | N               | -   |
| Tetrachloroethylene                     | N               | -   |
| Thallium                                | N               | -   |
| Toluene                                 | See<br>Comments | Substance detected in groundwater, contained on site through remedial efforts. See Appendix H Item Nos. 1.12 & 1.13 and Figures 3 & 4.  |
| 1,2-trans dichloroethylene              | N               | -   |
| 1,1,1-trichloroethane                   | N               | -   |
| Trichloroethylene                       | N               | -   |
| Vinyl chloride                          | N               | -   |
| Xylene                                  | See<br>Comments | Substance detected in groundwater, contained on site through remedial efforts. See Appendix H Item Nos. 1.12 & 1.13 and Figures 3 & 4.  |
| Zinc                                    | See<br>Comments | Substance found in storm sewer but not believed due to Times' operations. No further action required by the NJDEP. See Appendix H Item No. 1.3.   |

Steven L. Albert, ARCADIS G&M, Inc.  
Name of person completing form

New York Times  
Company

Former Carlstadt, NJ  
Site